

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 American Maritime Officers Voluntary Political Action Fund

ADDRESS (number and street) 2 West Dixie Highway Dania Beach FL 33004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00027532 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 01 2009 through 06 30 2009

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 Jose Leonard

Signature of Treasurer Electronically Filed by Jose Leonard Date 09 22 2009

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 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Maritime Officers Voluntary Political Action Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		124542.59
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	124542.59									
(c) Total Receipts (from Line 19)	216499.59	216499.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	341042.18	341042.18								
7. Total Disbursements (from Line 31)	261689.12	261689.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79353.06	79353.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Maritime Officers Voluntary Political Action Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	78990.56	78990.56
(ii) Unitemized	137424.01	137424.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	216414.57	216414.57
(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)	216414.57	216414.57
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.)	85.02	85.02
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))	216499.59	216499.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	216499.59	216499.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	260190.00	260190.00
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	400.00	400.00
(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))	400.00	400.00
29. Other Disbursements.....	1099.12	1099.12
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))..	261689.12	261689.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	261689.12	261689.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 151

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	216414.57	216414.57
34. Total Contribution Refunds (from Line 28(d))	400.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	216014.57	216014.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
CHARLES ABEL

Mailing Address 61 CHURCH STREET

City State Zip Code
FAIR HAVEN NJ 07704

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	9

Transaction ID: SA11AI.52151

Amount of Each Receipt this Period
202.00

B. Full Name (Last, First, Middle Initial)
MICHAEL ACTON

Mailing Address P O BOX 166

City State Zip Code
SIASCONSET MA 02564

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

Name of Employer INTEROCEAN UGLAND MGMT CO- RP. Occupation SECOND MATE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.51259

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY ADAMS

Mailing Address 301 SW LENA LANE

City State Zip Code
BURLSON TX 76028

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

Name of Employer OSPREY SHIP MGMT, INC. Occupation Master

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.51283

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1002.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) SCOTT B AGNEW	Date of Receipt MM / DD / YYYY 02 / 23 / 2009
	Mailing Address 3912 HILL TERRACE DR	Transaction ID: SA11AI.51520
	City State Zip Code JACKSONVILLE FL 32277	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MAERSK LINE LTD Chief Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) ERIC ANDERSEN	Date of Receipt MM / DD / YYYY 02 / 18 / 2009
	Mailing Address 10 MacIntosh Rd	Transaction ID: SA11AI.51277
	City State Zip Code Norwalk CT 06851	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation INTEROCEAN UGLAND MGMT. 1st Asst Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAMES ANDERSON	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 5035 MONROE B-14	Transaction ID: SA11AI.51594
	City State Zip Code GROVES TX 77619	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN OVERSEAS MARINE CORP SECOND MATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
JAMES ANDERSON

Mailing Address 5035 MONROE B-14

City State Zip Code
GROVES TX 77619

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AMERICAN OVERSEAS MARINE CORP SECOND MATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.51606

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
THOMAS ANDERSON

Mailing Address 407 SO 14TH ST

City State Zip Code
ESCANABA MI 49829

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 24 / 2009

Transaction ID: SA11AI.50924

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
RICARDO ARAIZA

Mailing Address 406 E MONROE AVE

City State Zip Code
ORANGE CA 92667

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DYN MARINE SERVICES SECOND MATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.50702

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
JOHN ARNOLD

Mailing Address P.O. BOX 88051

City State Zip Code
HONOLULU HI 96830

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: SA11AI.52135

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL BAGLEY

Mailing Address 7488 MOBILE HWY

City State Zip Code
PENSACOLA FL 32526

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

Name of Employer INTEROCEAN UGLAND MGMT CO- RP Occupation 1ST ENGINEER STEAM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.51234

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH BAILEY

Mailing Address 3827 108TH ST SE

City State Zip Code
EVERETT WA 98208

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

Name of Employer SEABULK TANKERS, INC. Occupation 2nd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: SA11AI.51931

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
MATTHEW BARKER

Mailing Address 94 New Hampshire St

City State Zip Code
MILLINOCKET ME 04462

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT. Chief Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 13 / 2009

Transaction ID: SA11AI.51578

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL BARRY

Mailing Address 123 Shadow Lawn Avenue

City State Zip Code
Pass Christian MS 39571

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

Name of Employer Occupation
Various Shipping Companies Merchant 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
02 / 11 / 2009

Transaction ID: SA11AI.51907

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MICHAEL BARRY

Mailing Address 123 Shadow Lawn Avenue

City State Zip Code
Pass Christian MS 39571

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 24 / 2009

Transaction ID: SA11AI.51908

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
JONATHAN BARTHOLOMEW

Mailing Address 1428 PRINCESS PAULA DRIVE

City State Zip Code
PORT ORANGE FL 32129

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.52015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
RICK BARTHULI

Mailing Address 717 3RD STREET

City State Zip Code
TRAVERSE CITY MI 49684

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

Name of Employer Various Shipping Companies Occupation Merchant 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
0	1	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.50890

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHRIS BEGLEY

Mailing Address 32 SYLVIA TERR

City State Zip Code
NEW MONMOUTH NJ 07748

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

Name of Employer MAERSK LINE LTD Occupation Master

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.51640

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 151
	(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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) DAVID BELL, SR.		Date of Receipt
	Mailing Address 416 NW DOVER CT.		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	PORT ST. LUCIE	FL	34983
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MAERSK LINE LTD		Occupation Master	Transaction ID: SA11AI.51089
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="800.00"/>	<input type="text" value="800.00"/>

B.	Full Name (Last, First, Middle Initial) TERRY BELLMORE		Date of Receipt
	Mailing Address 1067 ST PAUL		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ROGERS CITY	MI	49779
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Various Shipping Companies		Occupation Merchant Marine Officer	Transaction ID: SA11AI.50709
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="295.00"/>	<input type="text" value="295.00"/>

C.	Full Name (Last, First, Middle Initial) DANIEL BENSONI		Date of Receipt
	Mailing Address 7270 HIGHWAY 8		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SAGINAW	MN	55779
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Various Shipping Companies		Occupation Merchant Marine Officer	Transaction ID: SA11AI.51211
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="267.00"/>	<input type="text" value="267.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1362.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
WILL BENTLEY

Mailing Address 250 FAREWELL ROAD

City State Zip Code
RAVENDEN AZ 72459

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.51108

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
RONALD BERNHARDT

Mailing Address PMB 160
1701 BROADWAY ST.

City State Zip Code
VANCOUVER WA 98663-3436

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

Name of Employer OCEAN SHIPS INC Occupation CHIEF ENGINEER DIESEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.50688

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
GEORGE BERTHOLET

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania Beach FL 33004

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

Name of Employer Various Shipping Companies Occupation MERCHANT MAIRNE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.51385

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
MYRON BISTER

Mailing Address 2458 WINDMILL VIEW RD.

City EL CAJON State CA Zip Code 92020

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

Name of Employer MAERSK LINE LTD. Occupation CHIEF OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: SA11AI.50684
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
MARC BIZIER

Mailing Address 79 HALIFAX ST. APT. 5

City WINSLOW State ME Zip Code 04901

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

Name of Employer PRONAV SHIP MANAGEMENT Occupation 1st Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 26 / 2009
Transaction ID: SA11AI.51396
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARK BLOM

Mailing Address 1597 TRAPHILL UNION RD

City TRAPHILL State NC Zip Code 28685

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

Name of Employer INTEROCEAN UGLAND MGMT CO- RP. Occupation SECOND MATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 12 / 2009
Transaction ID: SA11AI.51340
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER A BLOUCH	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 71143 DEEPWATER POINT ROAD	Transaction ID: SA11AI.50844
	City State Zip Code WILLIAMSBURGH MI 49690	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OSPREY SHIP MGMT, INC. 3rd Asst Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) MERRICK BROW	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 6322 MESITA DR	Transaction ID: SA11AI.51458
	City State Zip Code SAN DIEGO CA 92115	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Various Shipping Companies Merchant Marine Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) JAMES BROWN	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 51 MORRISON RD	Transaction ID: SA11AI.51495
	City State Zip Code SPRINGVALE ME 04083	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OSPREY SHIP MGMT, INC. Chief Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
MICHAEL BURNS JR.

Mailing Address 364 Long Pond Rd

City State Zip Code
PLYMOUTH MA 02360

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

Name of Employer Occupation
DYN MARINE SERVICES DIV. Chief Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2009

Transaction ID: SA11AI.51685

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
ALEX BUTLER

Mailing Address 1507 HUSTON RD

City State Zip Code
LAFAYETTE CA 94549

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: SA11AI.51634

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
THOMAS CABAN

Mailing Address 102-14 163RD. DR.

City State Zip Code
HOWARD BEACH NY 11414

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

Name of Employer Occupation
PRONAV SHIP MANAGEMENT 2nd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 09 / 2009

Transaction ID: SA11AI.51673

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
ALLEN CAMPBELL

Mailing Address P O BOX 131917

City HOUSTON State TX Zip Code 77219-1917

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: SA11AI.51867
 Amount of Each Receipt this Period: 275.00

B.

Full Name (Last, First, Middle Initial)
ALAN CARLISLE

Mailing Address 3494 RIDGECLIFFE DR

City FLINT State MI Zip Code 48532

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

Name of Employer INTEROCEAN UGLAND MGMT. Occupation 1st Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 01 / 29 / 2009
Transaction ID: SA11AI.50879
 Amount of Each Receipt this Period: 400.00

C.

Full Name (Last, First, Middle Initial)
THEODOR CARSON

Mailing Address 6477 HIGHWAY 93 S #6242

City WHITEFISH State MT Zip Code 59937

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

Name of Employer TRANSOCEANIC CABLE SHIP Occupation 2nd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 12 / 2009
Transaction ID: SA11AI.51245
 Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
WILLIAM CHALKE

Mailing Address 2925 W CORONADO RD

City PHOENIX State AZ Zip Code 85009

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation MERCHANT MARINE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 02 / 2009
Transaction ID: SA11AI.51395
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JAMES CLARY

Mailing Address P.O. BOX 18095

City PANAMA CITY BEACH State FL Zip Code 32417-8095

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 27 / 2009
Transaction ID: SA11AI.52109
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JOSHUA COLFER

Mailing Address RR6 BOX 1122

City AUGUSTA State ME Zip Code 04330

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

Name of Employer MAERSK LINE LTD Occupation 2nd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: SA11AI.52081
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
ROY CORVINO

Mailing Address 2261 SW Salmon Road

City State Zip Code
PORT ST LUCIE FL 34953

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT. 1st Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2009

Transaction ID: SA11AI.51765

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
ROBIN COTTON

Mailing Address 529 CANAL ROAD

City State Zip Code
PONTE VEDRA BCH FL 32082

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

Name of Employer Occupation
AMERICAN OVERSEAS MARINE 2nd Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.51794

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
KEVIN COX

Mailing Address 2312 SUMMERWOOD DRIVE

City State Zip Code
RICHMOND VA 23233

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

Name of Employer Occupation
TRANSOCEANIC CABLE SHIP 3rd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: SA11AI.51056

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) DONALD CREE		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 600 N STATE RT 19		Transaction ID: SA11AI.50870		
	City OAK HARBOR	State OH	Zip Code 43449	Amount of Each Receipt this Period 362.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 362.00		
	Name of Employer AMO	Occupation Union Official			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) DOUGLAS CREWS		Date of Receipt MM / DD / YYYY 06 / 24 / 2009		
	Mailing Address 855 TROSPER RD. SW STE. 108		Transaction ID: SA11AI.51255		
	City TUMWATER	State WA	Zip Code 98512	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer INTEROCEAN UGLAND MGMT.	Occupation 1st Asst Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MICHAEL CRISSINGER		Date of Receipt MM / DD / YYYY 01 / 21 / 2009		
	Mailing Address 522 CENTAVO WAY		Transaction ID: SA11AI.52072		
	City REDDING	State CA	Zip Code 96003	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer INTEROCEAN AMERICAN SHIPPING CORP	Occupation 3rd Asst Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

962.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 151

(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)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

RAYMOND CULPEPPER

Mailing Address 2370 PARTRIDSE WAY

City State Zip Code
MOBILE AL 36695

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

Name of Employer Occupation
AMERICAN OVERSEAS MARINE CORP 1ST ENGINEER STEAM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.51303

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

JOHN DALY

Mailing Address 29820 VIA VIENTO

City State Zip Code
MANIFEE CA 92584

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT 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
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.51114

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MAIK DARLEY

Mailing Address 1501 N. FIRST ST.

City State Zip Code
TACOMA WA 98406

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.51016

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
BRIAN DAVIS

Mailing Address 351 ROBBINS RD

City NORLAND State WA Zip Code 98358

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2009
Transaction ID: SA11AI.50932
Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
PAUL DAVIS

Mailing Address 1151AQUIDNECK AVE
PMB 572

City MIDLETOWN State RI Zip Code 02842

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation MERCHANT MARINE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 13 / 2009
Transaction ID: SA11AI.51206
Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
TOMMIE DAVIS

Mailing Address 4711 SO. WARNER ST
APT. B-23

City TACOMA State WA Zip Code 98409

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

Name of Employer OSPREY SHIP MGMT, INC. Occupation 2nd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2009
Transaction ID: SA11AI.51992
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
MARC DEBLEY

Mailing Address 404 K. STREET

City State Zip Code
PETALUNIA CA 94952

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: SA11AI.51836

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL DELAGE

Mailing Address 82 CAYUGA STREET

City State Zip Code
HOMER NY 13077

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

Name of Employer SEABULK TANKERS, INC. Occupation Chief Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2009

Transaction ID: SA11AI.51166

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
JOHN DEMOS

Mailing Address 306 GOLDENEYE CT

City State Zip Code
HAURE DE GRACE MD 21078

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

Name of Employer TRANSOCEANIC CABLE SHIP Occupation Chief Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: SA11AI.51397

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 151

(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)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

RENO DEROSIER

Mailing Address 10 UNION STREET

City State Zip Code
GREENFIELD MA 01301

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.51759

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

CRAIG DETLEFSEN

Mailing Address 1901 N WESTWOOD BLVD
STE 1

City State Zip Code
POPLAR BUFF MO 63901

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation MERCHANT MARINE OFFICER

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.50889

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER DINNES

Mailing Address 4026 MANANA MTN CIR

City State Zip Code
SPICEWOOD TX 78669

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

Name of Employer INTEROCEAN UGLAND MGMT. Occupation 1st Asst Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.51235

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
BRYAN DITTMAR

Mailing Address P.O. BOX 1257

City Ellsworth State ME Zip Code 04605

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2009
Transaction ID: SA11AI.52104
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
SEAN DONOVAN

Mailing Address 72 KERR ST.

City ONANCOCK State VA Zip Code 23417

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

Name of Employer USS TRANSPORT, LLC Occupation 3rd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 22 / 2009
Transaction ID: SA11AI.51313
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
RYAN DOPPKE

Mailing Address 7516 BLUEBONNET BLVD, 263

City BATON ROUGE State LA Zip Code 70810

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

Name of Employer OCEAN SHIPS, INC. Occupation 2nd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 04 / 2009
Transaction ID: SA11AI.50759
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
WILLIAM DORRICOTT

Mailing Address 1912 Westley St.

City State Zip Code
Safe Harbor FL 34695

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

Name of Employer AMERICAN OVERSEAS MARINE CORP
Occupation CHIEF OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.51207

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
ROBERT DUKE, Jr.

Mailing Address 121 EVERGLADES BLVD

City State Zip Code
STUART FL 34994

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

Name of Employer MAERSK LINE LTD
Occupation 2nd Mate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.51562

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DAVID EARL

Mailing Address 1861 N. FEDERAL HWY #317

City State Zip Code
HOLLYWOOD FL 33020

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

Name of Employer MAERSK LINE LTD
Occupation 3rd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.51599

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
DAVID EDDY

Mailing Address 275 POMEROY LANE

City AMHERST State MA Zip Code 01002

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

Name of Employer AMERICAN OVERSEAS MARINE Occupation Chief Mate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 22 / 2009
Transaction ID: SA11AI.51210
Amount of Each Receipt this Period: 400.00

B.

Full Name (Last, First, Middle Initial)
TIMOTHY ENGLISH

Mailing Address 329 SCRUTON POND RD.

City BARRINGTON State NH Zip Code 03825

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 25 / 2009
Transaction ID: SA11AI.51153
Amount of Each Receipt this Period: 400.00

C.

Full Name (Last, First, Middle Initial)
ALAN ESLICK

Mailing Address P.O. BOX 73

City WILDWOOD State FL Zip Code 34785

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

Name of Employer AMERICAN OVERSEAS MARINE Occupation 3rd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 23 / 2009
Transaction ID: SA11AI.51363
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
FRANK FINGERHUT

Mailing Address 2480 IRVINE BLVD.
APT. 202

City TUSTIN State CA Zip Code 92782

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

Name of Employer TRANSOCEANIC CABLE SHIP CO. Occupation CHIEF OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: SA11AI.51696
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
PAUL FORAN

Mailing Address 36 CENTER STREET #171

City WOLFEBORO State NH Zip Code 03894

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation MERCHANT MARINE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 19 / 2009
Transaction ID: SA11AI.51491
Amount of Each Receipt this Period: 400.00

C.

Full Name (Last, First, Middle Initial)
LAWRENCE FRENCH

Mailing Address 8165 IVY HODGES ROAD

City MACCLENNY State FL Zip Code 32063

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2009
Transaction ID: SA11AI.50710
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
MICHAEL FRYE

Mailing Address 40 ARENTA STREET

City State Zip Code
ST AUGUSTINE FL 32095

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

Name of Employer Occupation
PACIFIC GULF MARINE, INC. MASTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2009

Transaction ID: SA11AI.51270

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM GAMAGE

Mailing Address 220 CUMBERLAND RD

City State Zip Code
N YARMOUTH ME 04097

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 09 / 2009

Transaction ID: SA11AI.51159

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
EDWARD GAYNOR

Mailing Address P O BOX 1

City State Zip Code
JULIAN PA 16844

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

Name of Employer Occupation
ISG BURNS HARBOR, INC 2nd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2009

Transaction ID: SA11AI.50654

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
GEORGE GILLESPIE

Mailing Address 1326 17TH SE ST #318

City FT. LAUDERDALE State FL Zip Code 33316

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

Name of Employer OSPREY SHIP MGMT, INC. Occupation 2nd Mate

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: SA11AI.50690
Amount of Each Receipt this Period: 400.00

B.

Full Name (Last, First, Middle Initial)
CORNELIUS GLEASON

Mailing Address 1069 QUAIN LANE

City PORT HURON TOWNSHI State MI Zip Code 48060

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

Name of Employer AMERICAN STEAMSHIP CO. Occupation 2nd Mate

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 01 / 05 / 2009
Transaction ID: SA11AI.51603
Amount of Each Receipt this Period: 210.00

C.

Full Name (Last, First, Middle Initial)
DIMITAR GOACHEV

Mailing Address 22503 58th Avenue W

City Mt. Lake Terrace State WA Zip Code 98043

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 17 / 2009
Transaction ID: SA11AI.51784
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 910.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

GERALD GORDON

Mailing Address P O BOX 261

City State Zip Code
WAPITI WY 82450

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT CO- RP. 1ST ENGINEER STEAM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.50698

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM GOULD

Mailing Address 736 SOUTH WITHAM RO

City State Zip Code
AUBURN ME 04258

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

Name of Employer Occupation
TRANSOCEANIC CABLE SHIP Chief Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.51230

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

JAMES GREEN

Mailing Address 7721 POITEVENT AVE

City State Zip Code
NEW ORLEANS LA 70127

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

Name of Employer Occupation
SEALIFT, INC. Chief Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.50675

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
PAUL GUALDONI

Mailing Address 15628 HARMONY CHURCH RD.

City WEST FRANKFORT State IL Zip Code 62896

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

Name of Employer OCEAN SHIPS, INC. Occupation 1st Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: SA11AI.51818
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
VINCENT GUERINI

Mailing Address 25 ADAMS ST.

City WESTWOOD State MA Zip Code 02090

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

Name of Employer AMERICAN OVERSEAS MARINE Occupation 3RD ENGINEER DIESEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 02 / 2009
Transaction ID: SA11AI.52033
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JAMES GUSHEE

Mailing Address 36 OSSIPEE TRAIL

City GORHAM State ME Zip Code 04038

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

Name of Employer INTEROCEAN Occupation ENGINEERING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009
Transaction ID: SA11AI.50608
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
JAMES GUSHEE

Mailing Address 36 OSSIPEE TRAIL

City State Zip Code
GORHAM ME 04038

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

Name of Employer Occupation
INTEROCEAN ENGINEERING OFFICER

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.50609

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
JOHN HADLEY

Mailing Address 11562 HALETHORPE DR

City State Zip Code
JACKSONVILLE FL 32223

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.50682

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
DAVID HAGNER

Mailing Address 57 GREAT BAY DR W.

City State Zip Code
GREENLAND NH 03840

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

Name of Employer Occupation
AMERICAN OVERSEAS MARINE Master

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.51116

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
MICHAEL HALL

Mailing Address 715 WINDING RIDGE ROAD

City Hillsville State VA Zip Code 24343-3558

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 354.56

Date of Receipt 06 / 12 / 2009

Transaction ID: SA11AI.52165

Amount of Each Receipt this Period 234.56

B.

Full Name (Last, First, Middle Initial)
JAMES HALLINAN

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 02 / 18 / 2009

Transaction ID: SA11AI.50685

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
THEODORE HARKINS

Mailing Address 3812 P 1/2

City Galveston State TX Zip Code 77553

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

Name of Employer INTREPID PERSONNEL AND Occupation 3RD ENGINEER DIESEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 13 / 2009

Transaction ID: SA11AI.51672

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 842.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 151

(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)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

SCOTT HEIN

Mailing Address 2475 W. METZ HWY.

City State Zip Code
HAWKS MI 49743

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.51735

Amount of Each Receipt this Period
209.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM HEITMAN

Mailing Address 9304 LAKE LEELANAU DRIVE

City State Zip Code
TRAVERSE CITY MI 49684

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.50672

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)

GEORGE HERDINA

Mailing Address 1054 S. 19TH PLACE

City State Zip Code
STURGEON BAY WI 54235

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.50674

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1009.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
MARC HEYRMAN

Mailing Address P.O. BOX 731987

City State Zip Code
PUYALLUP WA 98373

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

Name of Employer Occupation
CROWLEY LINER SERVICES Chief Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: SA11AI.50923

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
KYLE HICKEY

Mailing Address 5561 E 4TH ST

City State Zip Code
LONG BEACH CA 90814

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

Name of Employer Occupation
USS TRANSPORT, LLC 3rd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11AI.50990

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JAMES HOEFFLING

Mailing Address 575 MILL CREEK DR

City State Zip Code
SOUTHOLD NY 11971

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2009

Transaction ID: SA11AI.51805

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) PHILLIP HOGLE		Date of Receipt	
	Mailing Address 6900 BUSHNELL RD.		M M / D D / Y Y Y Y Y 03 / 26 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.51435
	CONNEAUT	OH	44030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
Name of Employer AMERICAN OVERSEAS MARINE CORP		Occupation 1ST ENGINEER DIESEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) MATS HOLMQUIST		Date of Receipt	
	Mailing Address 921 OLD METAIRIE PL.		M M / D D / Y Y Y Y Y 03 / 23 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.52152
	METAIRIE	LA	70001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer INTEROCEAN UGLAND MGMT.		Occupation Chief Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) JOSEPH HOOKER		Date of Receipt	
	Mailing Address 11875 FLETCHER CHAPEL RD.		M M / D D / Y Y Y Y Y 05 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.51312
	MEDINA	NY	14103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		201.00	
Name of Employer GREAT LAKES FLEET, INC.		Occupation 3rd Mate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.00		

SUBTOTAL of Receipts This Page (optional)	▶	1101.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
RUSSELL HORTON

Mailing Address 3723 N. 7TH STREET

City State Zip Code
TACOMA WA 98406

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT. 2nd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2009

Transaction ID: SA11AI.51889

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
GEORGE HOWARD

Mailing Address 1811 CREEKSIDE DR.

City State Zip Code
FRIENDSWOOD TX 77546

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

Name of Employer Occupation
INTREPID PERSONNEL & PROVISIONING Chief Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.51034

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
PAUL HUDSON

Mailing Address 7321 BRENTFIELD

City State Zip Code
DALLAS TX 75248

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.51988

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
GILBERT HUNTER

Mailing Address 345 EASTWOOD TERR

City State Zip Code
BOCA RATON FL 33431

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: SA11AI.51625

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
MATTHEW HUYTER

Mailing Address P.O. BOX 31392

City State Zip Code
MESA AZ 85275

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT CO- RP. THIRD MATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.51714

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
THADDEUS K HYATT

Mailing Address 180 VERRILL ROAD

City State Zip Code
POWNAL ME 04069

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

Name of Employer Occupation
AMERICAN OVERSEAS MARINE 3rd Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11AI.51583

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
PAUL HYDE

Mailing Address 33 San Jose Drive

City State Zip Code
Palm Coast FL 32137

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

Name of Employer Occupation
Maersk MERCHANT MARINE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11AI.51821

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
ROBERT JAMISON

Mailing Address 4828 S. MOBILE DR.

City State Zip Code
MAPLE WI 54854

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.51747

Amount of Each Receipt this Period
175.00

C.

Full Name (Last, First, Middle Initial)
JOHN JINKINS

Mailing Address 325 Cunningham Street

City State Zip Code
Maryville TN 37803

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

Name of Employer Occupation
American Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: SA11AI.51796

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
DAVID JOHNSON

Mailing Address 1224 Constantinople Apt #

City State Zip Code
New Orleans LA 70115

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.52026

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
GORDON JOHNSON

Mailing Address 951 BAY TREE CT

City State Zip Code
TAMPA FL 33615

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation MERCHANT 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
0	2	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.51341

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
GREGORY JOHNSON

Mailing Address 5342 NIEL ROAD

City State Zip Code
RENO NV 89502

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

Name of Employer INTEROCEAN AMERICAN SHIPPING CORP Occupation Master

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.51044

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
GREGORY JOHNSON

Mailing Address 5342 NIEL ROAD

City State Zip Code
RENO NV 89502

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

Name of Employer
INTEROCEAN AMERICAN SHIPP-
ING CORP

Occupation
Master

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 28 / 2009

Transaction ID: SA11AI.51043

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
JEFFERY JOHNSON

Mailing Address 6471 U.S. 23 SOUTH

City State Zip Code
OSSINEKE MI 49766

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

Name of Employer
AMERICAN STEAMSHIP CO.

Occupation
2nd Mate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 05 / 2009

Transaction ID: SA11AI.51969

Amount of Each Receipt this Period

248.00

C.

Full Name (Last, First, Middle Initial)
GREGORY JONES

Mailing Address 17109 SE EVERGREEN
HWY.

City State Zip Code
VANCOUVER WA 98683

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

Name of Employer
MAERSK LINE LTD.

Occupation
1ST ENGINEER DIESEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 09 / 2009

Transaction ID: SA11AI.51591

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

648.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
FRANK JOPE

Mailing Address P.O. BOX 3059

City NORTH CONWAY State NH Zip Code 03860

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

Name of Employer INTEROCEAN UGLAND MGMT. Occupation Chief Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 22 / 2009
Transaction ID: SA11AI.50906
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
JAMES KELLBERG

Mailing Address 1532 S.E. Royal Green Cir.
apt.0-102

City Port St. Licie State FL Zip Code 34952

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 16 / 2009
Transaction ID: SA11AI.50936
Amount of Each Receipt this Period 600.00

C. Full Name (Last, First, Middle Initial)
REX KELLEY

Mailing Address 7845 WALTZ ST

City LAS VEGAS State NV Zip Code 89123

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2009
Transaction ID: SA11AI.51551
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
JOHN KERNOHAN

Mailing Address 46995 COOPER FOSTER
PARK RD

City State Zip Code
AMHERST OH 44001

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

Name of Employer Occupation
AMERICAN STEAMSHIP CO. 3rd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2009

Transaction ID: SA11AI.51241

Amount of Each Receipt this Period
305.00

B. Full Name (Last, First, Middle Initial)
Frederick KEYES Jr.

Mailing Address 162 SANDRA LANE

City State Zip Code
NORTH ANDOVER MA 01845

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2009

Transaction ID: SA11AI.50706

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
ROBERT KIEFER

Mailing Address 89 BARKER AVE

City State Zip Code
SHARON HILL PA 19079

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2009

Transaction ID: SA11AI.51534

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1105.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
LEWIS KITZMILLER

Mailing Address 1203 WILDEMEADOW DR

City State Zip Code
BEAUMONT TX 77706

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.51979

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JOHN KNAUSS

Mailing Address P.O. BOX 193

City State Zip Code
SPENCERTOWN NY 12156

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

Name of Employer TRANSOCEANIC CABLE SHIP Occupation 1st Mate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.51273

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
PAUL KRAUSE

Mailing Address 6517 ELGIN LANE

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.51985

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
BRIAN KRUS
 Mailing Address 290 8TH ST
 City State Zip Code
 MANISTEE MI 49660
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 9
Transaction ID: SA11AI.51099
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OGLEBAY NORTON COMPANY Chief Engineer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
MATTHEW M KWIATKOWSKI
 Mailing Address 571 FOUNTAIN STREET
 City State Zip Code
 OLEAN NY 14760
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 9
Transaction ID: SA11AI.50777
 Amount of Each Receipt this Period
 400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MAERSK LINE LTD 2nd Asst Engineer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

C. Full Name (Last, First, Middle Initial)
RONALD LADD
 Mailing Address 224 CHINA ROAD
 City State Zip Code
 ALBION ME 04910
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 0 9
Transaction ID: SA11AI.51786
 Amount of Each Receipt this Period
 225.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERICAN OVERSEAS MARINE CORP 3RD ENGINEER DIESEL
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

SUBTOTAL of Receipts This Page (optional) ► 875.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 47 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
MICHAEL LAITURI

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.50875

Amount of Each Receipt this Period
235.00

B. Full Name (Last, First, Middle Initial)
DARL LANGFORD

Mailing Address 317 LAKE NED RD.

City State Zip Code
WINTER HAVEN FL 33884-2566

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

Name of Employer Occupation
OSPREY SHIP Mgmt MASTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.51268

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
KEVIN LAWRENCE

Mailing Address 5652 ASHTON LAKES DRIVE

City State Zip Code
SARASOTA FL 34231

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

Name of Employer Occupation
TRANSOCEANIC CABLE SHIP Chief Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.50957

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1035.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
ROBERT LEE

Mailing Address 800 SE 171ST COURT
RD

City State Zip Code
SILVER SPRINGS FL 34488

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

Name of Employer Occupation
OCEAN SHIPS, INC. Master

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 07 / 2009

Transaction ID: SA11AI.51091

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
HENRY A LEINONEN

Mailing Address PO BOX 202

City State Zip Code
ONTONAGON MI 49953

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

Name of Employer Occupation
AMERICAN STEAMSHIP CO. Master

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2009

Transaction ID: SA11AI.51105

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THOMAS LIEBSCH

Mailing Address 1004 KIMBERLY LN

City State Zip Code
DOWNINGTON PA 19335

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 27 / 2009

Transaction ID: SA11AI.51227

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
EARL LOFTFIELD

Mailing Address 97 W PELHAM RD

City State Zip Code
SHUTESBURY MA 01072

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 30 / 2009

Transaction ID: SA11AI.50895

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
PAUL LOUGHLIN

Mailing Address BOX 33

City State Zip Code
ESOPUS NY 12429

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

Name of Employer Occupation
AMERICAN OVERSEAS MARINE CORP 1ST ENGINEER DIESEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11AI.51238

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
REX LOWMAN

Mailing Address 1413 GARY ST.

City State Zip Code
CHENEY WA 99004

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

Name of Employer Occupation
MAERSK LINE LTD Chief Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2009

Transaction ID: SA11AI.51824

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
ADAM LOWRY

Mailing Address 710 AUGUSTA CIRC.

City State Zip Code
ST. AUGUSTINE FL 32086

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

Name of Employer Various Shipping Companies Occupation Merchant 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
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.51338

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
SCOTT LUND

Mailing Address 6 LINS COTT RD

City State Zip Code
JEFFERSON ME 04348

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

Name of Employer PACIFIC GULF MARINE, INC. Occupation SECOND MATE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.50691

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
GLEN MACARIO

Mailing Address 2966 SW BRIGHTON WAY

City State Zip Code
PALM CITY FL 34990

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

Name of Employer INTEROCEAN UGLAND MGMT CO-RP. Occupation CHIEF OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.51569

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
KENNETH MARCELLE

Mailing Address 970 JEFFERSON PLACE

City State Zip Code
STURGEON BAY WI 54235

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

Name of Employer Occupation
AMERICAN STEAMSHIP CO. Chief Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11AI.51106

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
ROY MATTESON

Mailing Address 10035 BRECKENRIDGE

City State Zip Code
ST ANN MO 63074

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2009

Transaction ID: SA11AI.50789

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
JASON MAVRA

Mailing Address 825 NE 70 STREET

City State Zip Code
BOCA RATON FL 33487

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

Name of Employer Occupation
TRANSOCEANIC CABLE SHIP 3rd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2009

Transaction ID: SA11AI.50606

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
JASON MAVRA
Mailing Address 825 NE 70 STREET
City BOCA RATON State FL Zip Code 33487
FEC ID number of contributing federal political committee. **C**
Name of Employer TRANSOCEANIC CABLE SHIP Occupation 3rd Mate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 03 / 24 / 2009
Transaction ID: SA11AI.50604
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
JASON MAVRA
Mailing Address 825 NE 70 STREET
City BOCA RATON State FL Zip Code 33487
FEC ID number of contributing federal political committee. **C**
Name of Employer TRANSOCEANIC CABLE SHIP Occupation 3rd Mate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt 05 / 20 / 2009
Transaction ID: SA11AI.50605
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
GREGORY MAXWELL
Mailing Address 20 Edwards Street
City South Portland State ME Zip Code 04106
FEC ID number of contributing federal political committee. **C**
Name of Employer USS TRANSPORT, LLC Occupation Master
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 03 / 05 / 2009
Transaction ID: SA11AI.51812
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
JOSEPH MAZZAFERRO

Mailing Address 757 NW MOSSY OAK WAY

City State Zip Code
JENSEN BEACH FL 34957

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 11 / 2009
Transaction ID: SA11AI.51580
Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
ROBERT MC CARRICK

Mailing Address 11 CLEARWATER DR.

City State Zip Code
MATTAPAN MA 02126

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 23 / 2009
Transaction ID: SA11AI.50913
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
STEPHEN MC CORMICK

Mailing Address 421 SW 75th Terrace

City State Zip Code
GAINSVILLE FL 32607

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

Name of Employer Seabulk Occupation MERCHANT MARINE OFFICER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 13 / 2009
Transaction ID: SA11AI.51345
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
JAMES P McGEORGHEGAN

Mailing Address 196 EXETER RD

City State Zip Code
CORINNA ME 04928

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

Name of Employer Occupation
CROWLEY LINER SERVICES 1st Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2009

Transaction ID: SA11AI.51800

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY MC KENNA

Mailing Address 1925 SEMINOLE RD

City State Zip Code
ATLANTIC BCH FL 32233

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

Name of Employer Occupation
AMERICAN OVERSEAS MARINE Master

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 03 / 2009

Transaction ID: SA11AI.51863

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PHILLIP MC KENZIE

Mailing Address 12975 96TH AVE.

City State Zip Code
SEMINOLE FL 33776

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: SA11AI.51955

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) CRISTIAN MENDEZ	Date of Receipt MM / DD / YYYY 01 / 09 / 2009
	Mailing Address 10245 SW 154TH PLACE # 101	Transaction ID: SA11AI.50575
	City MIAMI State FL Zip Code 33196	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TRANSOCEANIC CABLE SHIP Occupation 3rd Mate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

B.	Full Name (Last, First, Middle Initial) JOHN MERCALDO	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address	Transaction ID: SA11AI.51170
	City State Zip Code	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

C.	Full Name (Last, First, Middle Initial) JEFFERY MILLER	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 4406 MEADOW BROOK DR	Transaction ID: SA11AI.51046
	City FREELAND State MI Zip Code 48623	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AMERICAN STEAMSHIP CO. Occupation Chief Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
EARL MORRILL

Mailing Address 16 BOW STREET

City NORTHWOOD State NH Zip Code 03261

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.52169

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
EARL MORRILL

Mailing Address 16 BOW STREET

City NORTHWOOD State NH Zip Code 03261

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.52170

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
DAVID MORROW

Mailing Address 3806 SW 11TH AVE

City CAPE CORAL State FL Zip Code 33914

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.50909

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 151
	(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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) ANDREW MURRAY		Date of Receipt
	Mailing Address 5001 CALIFORNIA AVENUE SW # 606		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2009
	City	State	Zip Code
	SEATTLE	WA	98136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51330
Name of Employer INTEROCEAN AMERICAN SHIPPING CORP		Occupation Master	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

B.	Full Name (Last, First, Middle Initial) KENNETH MURRAY		Date of Receipt
	Mailing Address 4826 WEST 6TH		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 10 / 2009
	City	State	Zip Code
	DULUTH	MN	55807
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.50574
Name of Employer OGLEBAY NORTON COMPANY		Occupation 3rd Asst Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 246.00

C.	Full Name (Last, First, Middle Initial) NOAH MYRUS		Date of Receipt
	Mailing Address 70 SASSAFRAS DR.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 20 / 2009
	City	State	Zip Code
	N. KINGSTOWN	RI	02852
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51264
Name of Employer Various Shipping Companies		Occupation Merchant Marine Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 946.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 58 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
HENRI NAEGER JR.
Mailing Address 5256 BAGPIPERS LANE
City State Zip Code
VIRGINIA BEACH VA 23464
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
VARIOUS SHIPPING COMPANIES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 01 / 23 / 2009
Transaction ID: SA11AI.51721
Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
DONALD NILSSON
Mailing Address 27 ORANGEBURGH RD
City State Zip Code
OLD TAPPAN NJ 07675
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AMO Union Official
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 / 25 / 2009
Transaction ID: SA11AI.52066
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
DONALD NILSSON
Mailing Address 27 ORANGEBURGH RD
City State Zip Code
OLD TAPPAN NJ 07675
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AMO Union Official
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 06 / 22 / 2009
Transaction ID: SA11AI.52065
Amount of Each Receipt this Period: 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
ANDREW NIMS

Mailing Address HUIS TEN BOSCH-CHO 16-5
SASEBO-SHI, NAGASAKI-KEN

City State Zip Code
859-3243 JAPAN

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

Name of Employer Occupation
MAERSK LINE LTD 1st Asst Engineer

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.51767

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
CHARLES NOELL III

Mailing Address 23360 ESPERANZA DR

City State Zip Code
LEXINGTON PARK MD 20653

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT. 3rd Mate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.51294

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
BRIAN O'HANLON

Mailing Address 632 S GOLFPVIEW DR

City State Zip Code
LAPLACE LA 70068

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.51527

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) JONATHAN O'ROURKE		Date of Receipt
	Mailing Address 5735 DURHAM CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 0 9
	City	State	Zip Code
	LA PLATA	MD	20646
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51675
Name of Employer SEALIFT CHEMICALS, INC.		Occupation 3rd Mate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) ALEXANDER OLAES		Date of Receipt
	Mailing Address 10930 JANICE COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 9
	City	State	Zip Code
	SAN DIEGO	CA	92126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51541
Name of Employer MAERSK LINE LTD		Occupation Chief Mate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

C.	Full Name (Last, First, Middle Initial) THOMAS OLIVER		Date of Receipt
	Mailing Address 84 EATON STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	OLD TOWN	ME	04468
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51117
Name of Employer AMERICAN OVERSEAS MARINE		Occupation Chief Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
JON OLNEY

Mailing Address 1696 GRAY'S LANE

City Kingsley State MI Zip Code 49649

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt 01 / 27 / 2009
Transaction ID: SA11AI.51970
 Amount of Each Receipt this Period 291.00

B.

Full Name (Last, First, Middle Initial)
ALEXANDER OSBORN

Mailing Address 1370 DOWLIN FORGE ROAD

City Downingtown State PA Zip Code 19335

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

Name of Employer TRANSOCEANIC CABLE SHIP COMPANY (TYCO) Occupation 3rd Mate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 16 / 2009
Transaction ID: SA11AI.50824
 Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH OSIAK

Mailing Address 5174 ROGERS ROAD

City Hamburg State NY Zip Code 14075

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

Name of Employer TRANSOCEANIC CABLE SHIP COMPANY (TYCO) Occupation 3rd Asst Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2009
Transaction ID: SA11AI.50967
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **691.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
GERARD PANSELL

Mailing Address 1916 NW 80TH AVENUE

City State Zip Code
MARGATE FL 33063

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

Name of Employer Occupation
EXECUTIVE & INSTRUCTORS No rating required

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.50905

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
JEAN PARENTEAU

Mailing Address 4 WILLIAMSBURG LA

City State Zip Code
SCARBOROUGH ME 04074

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT CO- RP. 1ST ENGINEER STEAM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.51025

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
EVAN PARK

Mailing Address 9672 LA CATINA CIR

City State Zip Code
PLAIN CITY OH 43064

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

Name of Employer Occupation
INTREPID PERSONNEL & PROV- ISONING 2nd Asst Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.50571

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

JOSEPH PARSONS

Mailing Address P.O. BOX 531

City State Zip Code
YORK ME 03909

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

Name of Employer Occupation
OGLEBAY NORTON COMPANY 2nd Asst Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 303.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.50798

Amount of Each Receipt this Period
303.00

B.

Full Name (Last, First, Middle Initial)

CALVIN PATTERSON

Mailing Address 3431 WABASH AVE

City State Zip Code
KANSAS CITY MO 64109

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.52018

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)

STEVEN PECK

Mailing Address 2532 SLEEPY HOLLOW ROAD

City State Zip Code
SAN ANGELO TX 76904

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

Name of Employer Occupation
OGLEBAY NORTON COMPANY Steward

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 267.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.51560

Amount of Each Receipt this Period
93.00

SUBTOTAL of Receipts This Page (optional) ▶

796.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
HENRY PEREZ

Mailing Address P.O. BOX 232

City State Zip Code
CIMARRON CO 81220

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: SA11AI.50904

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
EDWIN PERKINS III

Mailing Address 3840 TAYLOR RD.

City State Zip Code
OAK HARBOR WA 98277

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: SA11AI.51934

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICHARD PERRY

Mailing Address 1500 A LAFAYETTE RD. #368

City State Zip Code
PORTSMOUTH NH 03801

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

Name of Employer Occupation
AMERICAN STEAMSHIP CO. 1st Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 267.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2009

Transaction ID: SA11AI.51426

Amount of Each Receipt this Period
267.00

SUBTOTAL of Receipts This Page (optional) ► **917.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
KURT PETERSON

Mailing Address 24 MAUREEN DR

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer
VARIOUS SHIPPING COMPANIES Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.51392

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
LOGAN PHILLIPS

Mailing Address 55 OAKWOOD HILLS DR

City State Zip Code
EAST ISLIP NY 11730

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

Name of Employer
Various Shipping Companies Occupation
Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA11AI.51290

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DONALD PIGOTT JR

Mailing Address 2030 WOODBLOOM CT.

City State Zip Code
OVIEDO FL 32765

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

Name of Employer
AMERICAN OVERSEAS MARINE Occupation
Master

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: SA11AI.51202

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 151

(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
MATTHEW PIPER

Mailing Address P.O. BOX 95
8815 VICKING WAY PMB 506

City State Zip Code
STANWOOD WA 98292

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.51511

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MATTHEW PIPER

Mailing Address P.O. BOX 95
8815 VICKING WAY PMB 506

City State Zip Code
STANWOOD WA 98292

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.51510

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
PERRY PLUNKETT

Mailing Address 345 S Flower Ave

City State Zip Code
Brea CA 92821

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

Name of Employer OCEAN SHIPS, INC. Occupation 2nd Mate

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 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.51152

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
SCOT PORTER

Mailing Address 2979 KALAKAUA AVE
APT. 605

City State Zip Code
HONOLULU HI 96815

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

Name of Employer Occupation
TRANSOCEANIC CABLE SHIP Master

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2009

Transaction ID: SA11AI.51154

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
SCOTT POWELL

Mailing Address 1268 INNWOOD NORTH

City State Zip Code
INTERLOCHEN MI 49643

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

Name of Employer Occupation
OGLEBAY NORTON COMPANY 2nd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2009

Transaction ID: SA11AI.51711

Amount of Each Receipt this Period
212.00

C.

Full Name (Last, First, Middle Initial)
WALTER PURIO

Mailing Address 1810 TEAL ARBOR LANE

City State Zip Code
KINGWOOD TX 77345

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: SA11AI.50677

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **712.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) DANIEL RAMSEY		Date of Receipt MM / DD / YYYY 01 / 07 / 2009		
	Mailing Address P O BOX 113		Transaction ID: SA11AI.50700		
	City LUDINGTON	State MI	Zip Code 49431	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Various Shipping Companies	Occupation Merchant Marine Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

B.	Full Name (Last, First, Middle Initial) WILLIAM RAPONE		Date of Receipt MM / DD / YYYY 05 / 11 / 2009		
	Mailing Address 5804 MICHAEL DR		Transaction ID: SA11AI.51316		
	City BENSALEM	State PA	Zip Code 19020	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INTEROCEAN UGLAND MGMT.	Occupation Chief Mate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) MICHAEL RAYMOND		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 16214 AUTUMN WIND DR.		Transaction ID: SA11AI.51917		
	City HOUSTON	State TX	Zip Code 77090	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AMERICAN OVERSEAS MARINE CORP	Occupation 3RD ENGINEER DIESEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional)	▶	1008.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) MICHAEL REILLY	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 7 RIUNITE RD	Transaction ID: SA11AI.51544
	City State Zip Code SETAUKET NY 11733	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN OVERSEAS MARINE Chief Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL REPKO	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 4717 TRENTON ST. #A	Transaction ID: SA11AI.52056
	City State Zip Code METAIRIE LA 70006	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN OVERSEAS MARINE 2nd Asst Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) DONALD REYNOLDS	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 22378 GEORGETOWN RD.	Transaction ID: SA11AI.51648
	City State Zip Code LAWRENCEBURG IN 47025	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation USS TRANSPORT, LLC 2nd Asst Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 70 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
KIRK RHODA

Mailing Address 29 SAN GORGONIO DR

City State Zip Code
REDLANDS CA 92373

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2009

Transaction ID: SA11AI.51189

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
MICHAEL RICHIE II

Mailing Address 553 SOMERSET COURT

City State Zip Code
MARCO ISLAND FL 33937

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

Name of Employer INTEROCEAN UGLAND MGMT CO- RP. Occupation CHIEF OFFICER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.51225

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
WILLIAM RIGGEN

Mailing Address P. O. Box 170314

City State Zip Code
Boise ID 83717

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

Name of Employer Various Shipping Companies Occupation Merchant 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
03 / 30 / 2009

Transaction ID: SA11AI.52004

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 151
	<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) TERENCE RUSSELL		Date of Receipt
	Mailing Address 2592 SPRUCE CREEK BLVD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 05 / 2009
	City	State	Zip Code
	DAYTONA BEACH	FL	32124
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51494
Name of Employer MAERSK LINE LTD		Occupation Chief Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) DAVID SANCHEZ-NAVARRO		Date of Receipt
	Mailing Address P O BOX 218		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 24 / 2009
	City	State	Zip Code
	WALPOLE	NH	03608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.50689
Name of Employer VICTORY MARITIME INC.		Occupation Master	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
		<input type="text"/> 400.00	

C.	Full Name (Last, First, Middle Initial) JEFFERY SANDERS		Date of Receipt
	Mailing Address 12120 Pawleys Mills Cir.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 14 / 2009
	City	State	Zip Code
	Raleigh	NC	27614
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51112
Name of Employer TRANSOCEANIC CABLE SHIP		Occupation Master	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) ALDO SANTIAGO		Date of Receipt MM / DD / YYYY 02 / 03 / 2009		
	Mailing Address 1720 NW North Rive Drive		Transaction ID: SA11AI.51855		
	City Miami	State FL	Zip Code 33125	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Various Shipping Companies	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) MERLE SCHULTZ		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address		Transaction ID: SA11AI.51041		
	City	State	Zip Code	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) JOSEPH SCUTERI		Date of Receipt MM / DD / YYYY 01 / 22 / 2009		
	Mailing Address		Transaction ID: SA11AI.51366		
	City	State	Zip Code	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
JEFFREY SEVERIN

Mailing Address 14905 CEDAR DR

City State Zip Code
SANTA FE TX 77517

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

Name of Employer Occupation
ISG BURNS HARBOR, INC Chief Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.50887

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
DAVID N SHELLOCK

Mailing Address 622 PROSPECT AVENUE

City State Zip Code
LITTLE SILVER NJ 07739

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

Name of Employer Occupation
MAERSK LINE LTD 3rd Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.50989

Amount of Each Receipt this Period
640.00

C.

Full Name (Last, First, Middle Initial)
DAVID SHERMAN

Mailing Address 65 DEEP KILL RD RD1

City State Zip Code
TROY NY 12180

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

Name of Employer Occupation
TRANSOCEANIC CABLE SHIP COMPANY (TYCO) Master

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.51445

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ▶ **1340.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
EDUARDO SICA

Mailing Address 9851 SAGECASTLE LN

City HOUSTON State TX Zip Code 77089

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

Name of Employer OSPREY SHIP MGMT, INC. Occupation Master

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 06 / 2009
Transaction ID: SA11AI.50929
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
VANCE SISCO

Mailing Address 1455 LAUREL AVE

City CHULA VISTA State CA Zip Code 91911

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 09 / 2009
Transaction ID: SA11AI.52016
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
MARK SLADEN

Mailing Address 267 SEASIDE AVE.

City SACO State ME Zip Code 04072

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 01 / 27 / 2009
Transaction ID: SA11AI.51925
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
BARRY SMITH

Mailing Address 10209 FRAILEY RD

City State Zip Code
BERLIN HTS OH 44814

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

Name of Employer Occupation
EXPRESSER TRANS./MAERSK 2nd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.51176

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
JERRY SMITH

Mailing Address 399 HARWOOD AVE

City State Zip Code
SATELLITE BCH FL 32937

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

Name of Employer Occupation
INTEROCEAN UGLAND MGMT CO- RP. CHIEF OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.51973

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KARL SMITH

Mailing Address 589 VANDEVER RD

City State Zip Code
CROSSVILLE TN 38555

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

Name of Employer Occupation
KEY LAKES, INC. 2nd Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: SA11AI.51614

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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

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

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

FOR LINE NUMBER: PAGE 76 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
DAVID SOMERS

Mailing Address 644 STRANDER BLVD. #194

City State Zip Code
SEATTLE WA 98188

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 07 / 2009
Transaction ID: SA11AI.51652
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
THOMAS SPAIN

Mailing Address 211 KAY AVE

City State Zip Code
SALISBURY MD 21804

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

Name of Employer MAERSK LINE LTD Occupation 3rd Mate

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 06 / 2009
Transaction ID: SA11AI.51421
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
THOMAS STAGG

Mailing Address 11101 LONESOME RD.

City State Zip Code
NOKESVILLE VA 20181

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

Name of Employer AMERICAN OVERSEAS MARINE Occupation Chief Mate

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 12 / 2009
Transaction ID: SA11AI.51374
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
JEFFERY STOCKMAN

Mailing Address 6519 PARKWOOD LANE

City State Zip Code
HARRISON AR 72601

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

Name of Employer Occupation
ISG BURNS HARBOR, INC 3rd Mate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: SA11AI.51573

Amount of Each Receipt this Period
114.00

B. Full Name (Last, First, Middle Initial)
JEFFREY STROZZO

Mailing Address 308 FLORENCE AVE

City State Zip Code
STATESBORO GA 30458

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

Name of Employer Occupation
VARIOUS SHIPPING CO MPANIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: SA11AI.50911

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
LANCE STUBINSKI

Mailing Address 520 OCEAN BLVD.
UNIT # 11

City State Zip Code
HAMPTON NH 03842

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

Name of Employer Occupation
EXPRESSER TRANS./MAERSK 1st Asst Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: SA11AI.51533

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 914.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
DAVID STURDEVANT

Mailing Address 129 SARATOGA BLVD. WEST

City State Zip Code
ROYAL PALM BEACH FL 33411

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

Name of Employer Various Shipping Companies Occupation Merchant 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 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.51172

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
THOMAS SULLIVAN

Mailing Address 4 SOUTH PINE DRIVE

City State Zip Code
FRANKLIN MA 02038

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

Name of Employer OCEAN SHIPS INC Occupation CHIEF OFFICER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.50679

Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
KENNETH J SVEDEK

Mailing Address P O BOX 497

City State Zip Code
PELLSTON MI 49769

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

Name of Employer AMERICAN STEAMSHIP CO. Occupation 1st Mate

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.51300

Amount of Each Receipt this Period 252.00

SUBTOTAL of Receipts This Page (optional) ► 902.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
ERIC SWANSON

Mailing Address 91 CLUBHOUSE DR

City State Zip Code
OCEAN PINES ME 21811

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.51480

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
RICHARD TANKERSLEY

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: SA11AI.51552

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
PHILLIP THRIFT

Mailing Address 4980 SPANISH OAK CIRCLE

City State Zip Code
FERNANDINA BCH FL 32034

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

Name of Employer Occupation
Various Shipping Companies Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2009

Transaction ID: SA11AI.51717

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
MARK TRENTIN

Mailing Address P O BOX 687

City State Zip Code
PICABO ID 83348

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.51825

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
THOMAS VANDERBILT

Mailing Address 1336 W. THELMA STREET

City State Zip Code
PALM CITY FL 34990

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

Name of Employer MAERSK LINE LTD Occupation CHIEF ENGINEER STEAM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.51514

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
MARK A VIDAL

Mailing Address 1727 TERRACOTTA DRIVE

City State Zip Code
RIVIERA BEACH FL 33404

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

Name of Employer USS TRANSPORT, LLC Occupation 3rd Asst Engineer

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 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.51062

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 81 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
CLAY VON HAKE

Mailing Address 82-5978 WAKIDA RD

City State Zip Code
CAPTAIN COOK HI 96704

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

Name of Employer Occupation
VARIOUS SHIPPING COMPANIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11AI.51085

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
CHRIS VON HOHENLEITEN

Mailing Address 75 INTREPID LANE

City State Zip Code
JAMESTOWN RI 02835-1830

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

Name of Employer Occupation
TRANSOCEANIC CABLE SHIP CO. CHIEF OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: SA11AI.52048

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
CHRIS VON RABENSTEIN

Mailing Address 8292 KINDRED SPIRIT LANE CT.

City State Zip Code
ST. AUGUSTINE FL 32092

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

Name of Employer Occupation
SEALIFT, INC. MASTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: SA11AI.51053

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 151

(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)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
FREDERICK WAKEHAM

Mailing Address 2916 NW BUCKLIN HILL RD.

City State Zip Code
SILVERDALE WA 98383

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.51823

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
DAVID WALIGORA

Mailing Address 3208 E. COLONIA DR. #163

City State Zip Code
ORLANDO FL 32803

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.51993

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
RYAN WALL

Mailing Address 524 THICKET STREET

City State Zip Code
WEYMOUTH MA 02190

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

Name of Employer AMERICAN OVERSEAS MARINE Occupation 3rd Asst Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.50808

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial) SCOTT WENNESON		Date of Receipt MM / DD / YYYY 05 / 29 / 2009	
Mailing Address 5507 RICHARD AVE FLR 2		Transaction ID: SA11AI.50897	
City BALTIMORE	State MD	Zip Code 21214	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer VARIOUS SHIPPING COMPANIES	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) GLENN WHEELER		Date of Receipt MM / DD / YYYY 03 / 09 / 2009	
Mailing Address 11614 N. CREEK DR.		Transaction ID: SA11AI.50927	
City CORPUS CHRISTI	State TX	Zip Code 78410	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer OSPREY SHIP Mgmt	Occupation 2ND ENGINEER DIESEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C.

Full Name (Last, First, Middle Initial) DAVID WHITE		Date of Receipt MM / DD / YYYY 01 / 15 / 2009	
Mailing Address Box 307		Transaction ID: SA11AI.51367	
City Horseshoe Beach	State FL	Zip Code 32648	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer USS TRANSPORT LLC	Occupation CHIEF OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 151
(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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial) PETER WHITING		Date of Receipt MM / DD / YYYY 04 / 27 / 2009
Mailing Address		Transaction ID: SA11AI.51388
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) EDWARD WILISCH		Date of Receipt MM / DD / YYYY 02 / 24 / 2009
Mailing Address 5802 TANAGERLAKE ROAD		Transaction ID: SA11AI.51087
City	State	Zip Code
LITHIA	FL	33547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer DYN MARINE SERVICES DIV.	Occupation Chief Mate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) LAURREL WILLIAMS		Date of Receipt MM / DD / YYYY 01 / 29 / 2009
Mailing Address 2038 JUPITER BLVD SW		Transaction ID: SA11AI.51803
City	State	Zip Code
PALM BAY	FL	32908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Various Shipping Companies	Occupation Merchant Marine Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 85 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
ALLAN WIRGAU

Mailing Address 2165 PARTRIDGE PT ROAD

City ALPENA State MI Zip Code 49707

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 16 / 2009
Transaction ID: SA11AI.51375
 Amount of Each Receipt this Period 320.00

B. Full Name (Last, First, Middle Initial)
NEIL WONDERCHEK

Mailing Address 5211 TIOGA STREET

City DULUTH State MN Zip Code 55804

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

Name of Employer AMERICAN STEAMSHIP CO. Occupation Chief Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2009
Transaction ID: SA11AI.51093
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
WALLACE WRIGLEY

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 17 / 2009
Transaction ID: SA11AI.52007
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 770.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
WALTER YAGEN

Mailing Address 3806 BROWNSVILLE DR

City State Zip Code
BELLINGHAM WA 98226

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

Name of Employer Occupation
PACIFIC GULF MARINE, INC. 3RD ENGINEER STEAM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.51877

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DENNIS ZEIGLER

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: SA11AI.52110

Amount of Each Receipt this Period
218.00

SUBTOTAL of Receipts This Page (optional) ► **468.00**

TOTAL This Period (last page this line number only) ► **78990.56**

**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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) ALASKANS FOR BEGICH 2014	Transaction ID: SB23.50396 Date of Disbursement 04 / 23 / 2009
	Mailing Address PO BOX 410	Amount of Each Disbursement this Period 1000.00
	City PALMER State AK Zip Code 99645	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name MARK BEGICH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICA FORWARD LEADERSHIP PAC	Transaction ID: SB23.50549 Date of Disbursement 05 / 18 / 2009
	Mailing Address 1831 BAY STREET SE	Amount of Each Disbursement this Period -2500.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Void Check-Never Cashed	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICA FORWARD LEADERSHIP PAC	Transaction ID: SB23.50461 Date of Disbursement 05 / 29 / 2009
	Mailing Address 1831 BAY STREET SE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-500.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS	Transaction ID: SB23.50213 Date of Disbursement
	Mailing Address 1736 FRANKLIN STREET #400	<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City OAKLAND State CA Zip Code 94612	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name BARBARA LEE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 09	

B.	Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS	Transaction ID: SB23.50264 Date of Disbursement
	Mailing Address PO Box 27	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name WILLIAM F SHUSTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: PA District: 09	

C.	Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS	Transaction ID: SB23.50351 Date of Disbursement
	Mailing Address PO Box 27	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name WILLIAM F SHUSTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: PA District: 09	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
American Maritime Officers Voluntary Political Action Fund

<p>A. Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS</p> <p>Mailing Address PO BOX 1473</p> <p>City ALTOONA State PA Zip Code 16603</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name WILLIAM F SHUSTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50398</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS</p> <p>Mailing Address PO Box 127868</p> <p>City San Diego State CA Zip Code 92112</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BOB FILNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50271</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name LEONARD L. BOSWELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50309</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS	Transaction ID: SB23.50493
	Mailing Address 2466 Unicornio Street	Date of Disbursement MM / DD / YYYY 06 / 11 / 2009
	City Carlsbad State CA Zip Code 92009	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name BRIAN P BILBRAY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS	Transaction ID: SB23.50312
	Mailing Address 23942 Lyons Ave #105	Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	City Santa Clarita State CA Zip Code 91321	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name HOWARD P 'BUCK' MCKEON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) CANDICE MILLER FOR CONGRESS	Transaction ID: SB23.50538
	Mailing Address P.O. BOX 182152	Date of Disbursement MM / DD / YYYY 05 / 15 / 2009
	City SHELBY TOWNSHIP State MI Zip Code 48318	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name CANDICE S. MILLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
CANDICE MILLER FOR CONGRESS

Mailing Address P.O. BOX 182152

City State Zip Code
SHELBY TOWNSHIP MI 48318

Purpose of Disbursement
Contribution

Candidate Name
CANDICE S. MILLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 10

Transaction ID: SB23.50510
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City State Zip Code
NEW CASTLE DE 19720

Purpose of Disbursement
Contribution

Candidate Name
THOMAS R CARPER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: DE District: 00

Transaction ID: SB23.50229
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City State Zip Code
Wilmington DE 19899

Purpose of Disbursement
Contribution

Candidate Name
MICHAEL N CASTLE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: DE District: 01

Transaction ID: SB23.50352
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS <hr/> Mailing Address PO BOX 23273 <hr/> City WACO State TX Zip Code 76702 <hr/> Purpose of Disbursement Contribution Candidate Name CHET EDWARDS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50400 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement Contribution Candidate Name JASON ALTMIRE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50244 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN <hr/> Mailing Address PO BOX 7183 <hr/> City TUPELO State MS Zip Code 38802 <hr/> Purpose of Disbursement Contribution Candidate Name THAD COCHRAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50522 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">5500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN <hr/> Mailing Address P O BOX 811 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement Contribution Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50433 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CITIZENS FOR TOM PETRI <hr/> Mailing Address P.O. Box 270 <hr/> City Fond du Lac State WI Zip Code 54936 <hr/> Purpose of Disbursement Contribution Candidate Name THOMAS PETRI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50272 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN <hr/> Mailing Address PO Box 326 <hr/> City Everett State WA Zip Code 98206 <hr/> Purpose of Disbursement Contribution Candidate Name RICK LARSEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50512 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) COBLE FOR CONGRESS</p> <p>Mailing Address PO Box 1177 PO Box 1177</p> <p>City Greensboro State NC Zip Code 27402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN HOWARD COBLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50353</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) COMMITTEE FOR THE PRESERVATION OF CAPITALISM</p> <p>Mailing Address POST OFFICE BOX 22614</p> <p>City ALEXANDRIA State VA Zip Code 22304</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50382</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MCHUGH</p> <p>Mailing Address 228 S. Washington St. Ste. 115 SUITE 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN M MCHUGH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50354</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LINDA SANCHEZ</p> <p>Mailing Address 601 S GLENOAKS BLVD SUITE 211</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name LINDA SANCHEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50344</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LORETTA SANCHEZ</p> <p>Mailing Address 601 S GLENOAKS BLVD., #208</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name LORETTA SANCHEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50435</p> <p>Date of Disbursement 05 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS</p> <p>Mailing Address 1031 N EDGEWOOD STREET</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN JR. CONYERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50215</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

<p>A. Full Name (Last, First, Middle Initial) Costello for Congress Committee</p> <p>Mailing Address P. O. Box 8250</p> <p>City Belleville State IL Zip Code 62222</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name JERRY F COSTELLO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50418</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 1631</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name ELIJAH E CUMMINGS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50217</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 1631</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name ELIJAH E CUMMINGS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50371</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

Use separate schedule(s)
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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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address PO BOX 1631 City BALTIMORE State MD Zip Code 21203 Purpose of Disbursement Contribution Candidate Name ELIJAH E CUMMINGS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50425 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00

B. Full Name (Last, First, Middle Initial) DAN10 Mailing Address 1088 BISHOP STREET City HONOLULU State HI Zip Code 96813 Purpose of Disbursement Contribution Candidate Name DANIEL K INOUE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50277 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00

C. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010 Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement Contribution Candidate Name DAVID LEE CAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50296 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

PAGE 99 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) David Vitter for U.S. Senate	Transaction ID: SB23.50297 Date of Disbursement 02 / 20 / 2009
	Mailing Address PO BOX 8175	Amount of Each Disbursement this Period 2000.00
	City METAIRIE State LA Zip Code 70011	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DAVID VITTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS OF DAVIS	Transaction ID: SB23.50417 Date of Disbursement 04 / 23 / 2009
	Mailing Address 5956 W. Race Avenue	Amount of Each Disbursement this Period 1000.00
	City Chicago State IL Zip Code 60644	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DANNY K DAVIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DB VICTORY 2010	Transaction ID: SB23.50431 Date of Disbursement 04 / 30 / 2009
	Mailing Address 228 S WASHINGTON ST STE 115	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL 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)

PAGE 100 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATS RESHAPING AMERICA (DREAMPAC)</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50451</p> <p>Date of Disbursement 05 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DENALI LEADERSHIP PAC</p> <p>Mailing Address 16158 ESSEX PARK DRIVE</p> <p>City ANCHORAGE State AK Zip Code 99516</p> <p>Purpose of Disbursement Void Check- Never Cashed</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50554</p> <p>Date of Disbursement 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DOGGETT FOR U S CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 5843</p> <p>City AUSTIN State TX Zip Code 78763</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name LLOYD A MR. DOGGETT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50314</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) DUNCAN D. HUNTER FOR CONGRESS	Transaction ID: SB23.50219 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 9	
	Mailing Address 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period 1000.00
	City La Mesa State CA Zip Code 91941 Purpose of Disbursement Contribution Candidate Name DUNCAN D HUNTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 52	Category/Type	
B.	Full Name (Last, First, Middle Initial) DUNCAN D. HUNTER FOR CONGRESS	Transaction ID: SB23.50316 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9	
	Mailing Address 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period 2000.00
	City La Mesa State CA Zip Code 91941 Purpose of Disbursement Contribution Candidate Name DUNCAN D HUNTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 52	Category/Type	
C.	Full Name (Last, First, Middle Initial) DUNCAN D. HUNTER FOR CONGRESS	Transaction ID: SB23.50372 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9	
	Mailing Address 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period 2000.00
	City La Mesa State CA Zip Code 91941 Purpose of Disbursement Contribution Candidate Name DUNCAN D HUNTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 52	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL 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)

PAGE 103 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)	Transaction ID: SB23.50464
	Mailing Address 675 N Washington St. Suite 410	Date of Disbursement MM / DD / YYYY 05 / 29 / 2009
	City State Zip Code Alexandria VA 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRANK KRATOVIK FOR CONGRESS	Transaction ID: SB23.50248
	Mailing Address 222 Main Sail Drive PO Box 518	Date of Disbursement MM / DD / YYYY 01 / 29 / 2009
	City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name FRANK M MR. JR KRATOVIK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	Transaction ID: SB23.50369
	Mailing Address 424 C Street NE Basement UNIT	Date of Disbursement MM / DD / YYYY 03 / 20 / 2009
	City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

<p>A. Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE</p> <p>Mailing Address 424 C Street NE Basement UNIT</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CONGRESSMAN BART GORDON COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50408</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRELINGHUYSEN FOR CONGRESS</p> <p>Mailing Address 19 CATTANO AVENUE</p> <p>City MORRISTOWN State NJ Zip Code 07960</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name RODNEY P. FRELINGHUYSEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50279</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON</p> <p>Mailing Address P.O. Box 100 P.O. Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BENNIE G THOMPSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50495</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN Mailing Address PO BOX 871 City BISMARCK State ND Zip Code 58502 Purpose of Disbursement Contribution Candidate Name BYRON L DORGAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50249 Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2009	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD 2010 Mailing Address PO BOX 270701 City WEST HARTFORD State CT Zip Code 06127 Purpose of Disbursement Contribution Candidate Name CHRISTOPHER J DODD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50328 Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2009	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN GEORGE MILLER Mailing Address PO BOX 5864 City CONCORD State CA Zip Code 94524 Purpose of Disbursement Contribution Candidate Name GEORGE MILLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50496 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2009	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.50317 Date of Disbursement																			
	Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name T. TIMOTHY HOLDEN	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.50355 Date of Disbursement																			
	Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name T. TIMOTHY HOLDEN	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CORRINE BROWN	Transaction ID: SB23.50331 Date of Disbursement																			
	Mailing Address 3563 Carriage Walk Lane	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
	City LAUREL State MD Zip Code 20724	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CORRINE BROWN	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF Mailing Address P. O. BOX 710235 City OAK HILL State VA Zip Code 20171 Purpose of Disbursement Contribution Candidate Name FRANK R. WOLF Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50497 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE Mailing Address PO BOX 68444 City VIRGINIA BEACH State VA Zip Code 23471 Purpose of Disbursement Contribution Candidate Name GLENN CARLYLE III NYE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50223 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE Mailing Address PO BOX 68444 City VIRGINIA BEACH State VA Zip Code 23471 Purpose of Disbursement Contribution Candidate Name GLENN CARLYLE III NYE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50421 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Mailing Address PO Box 12567 City Columbia State SC Zip Code 29211 Purpose of Disbursement Contribution Candidate Name JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50356 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2009 Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Mailing Address PO Box 12567 City Columbia State SC Zip Code 29211 Purpose of Disbursement Contribution Candidate Name JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50471 Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2009 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR Mailing Address 1017 8th St. NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name JAMES L HON. OBERSTAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50233 Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2009 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR	Transaction ID: SB23.50281 Date of Disbursement
	Mailing Address 1017 8th St NE	<input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name JAMES L HON. OBERSTAR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR	Transaction ID: SB23.50345 Date of Disbursement
	Mailing Address 1017 8th St NE	<input type="text" value="03"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JAMES L HON. OBERSTAR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: SB23.50498 Date of Disbursement
	Mailing Address 7908-I CINCINNATI DAYTON ROAD	<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WEST CHESTER State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name JOHN A BOEHNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS	Transaction ID: SB23.50513 Date of Disbursement 06 / 19 / 2009	
	Mailing Address 721 S BREA CANYON ROAD SUITE 7		
	City State Zip Code DIAMOND BAR CA 91789	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution Candidate Name GARY G HON. MILLER	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) GENE TAYLOR FOR CONGRESS COMMITTEE	Transaction ID: SB23.50380 Date of Disbursement 04 / 17 / 2009	
	Mailing Address POST OFFICE BOX 3838		
	City State Zip Code BAY ST LOIS MS 39520	Amount of Each Disbursement this Period	1500.00
	Purpose of Disbursement Contribution Candidate Name GENE MR. TAYLOR	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) GENE TAYLOR FOR CONGRESS COMMITTEE	Transaction ID: SB23.50483 Date of Disbursement 06 / 04 / 2009	
	Mailing Address POST OFFICE BOX 3838		
	City State Zip Code BAY ST LOIS MS 39520	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Contribution Candidate Name GENE MR. TAYLOR	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL 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)

PAGE 111 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.50285 Date of Disbursement 02 / 05 / 2009
	Mailing Address POST OFFICE BOX 250116	Amount of Each Disbursement this Period 2000.00
	City ATLANTA State GA Zip Code 30325	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN HARDY ISAKSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.50318 Date of Disbursement 03 / 05 / 2009
	Mailing Address POST OFFICE BOX 250116	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30325	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN HARDY ISAKSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GREEN MOUNTAIN PAC	Transaction ID: SB23.50346 Date of Disbursement 03 / 20 / 2009
	Mailing Address PO BOX 1142	Amount of Each Disbursement this Period 1000.00
	City MONTPELIER State VT Zip Code 05601	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL 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)

PAGE 112 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) HELPING ENSURE RESPONSIBLE GOVERNMENT BY ELECTING REPUBLICANS (H.E.R.G.E.R. PAC) Mailing Address PO Box 984 City Willows State CA Zip Code 95988 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.50508 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) HIGGINS FOR CONGRESS Mailing Address PO BOX 28 City BUFFALO State NY Zip Code 14220 Purpose of Disbursement Contribution Candidate Name BRIAN HIGGINS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 27	Transaction ID: SB23.50336 Date of Disbursement 03 / 12 / 2009	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) HIGGINS FOR CONGRESS Mailing Address PO BOX 28 City BUFFALO State NY Zip Code 14220 Purpose of Disbursement Contribution Candidate Name BRIAN HIGGINS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 27	Transaction ID: SB23.50514 Date of Disbursement 06 / 19 / 2009	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
HILLARY CLINTON FOR PRESIDENT

Mailing Address PO Box 101436

City Arlington State VA Zip Code 22210

Purpose of Disbursement
Contribution

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President

State: District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.50547
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
HILLARY CLINTON FOR PRESIDENT

Mailing Address PO Box 101436

City Arlington State VA Zip Code 22210

Purpose of Disbursement
Void Check 3719

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President

State: District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.52231
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
HILLARY CLINTON FOR PRESIDENT

Mailing Address PO Box 101436

City Arlington State VA Zip Code 22210

Purpose of Disbursement
Void Check - Over Limit

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: House
 Senate
 President

State: District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.50548
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.50286
	Mailing Address 7905 MALCOLM ROAD SUITE 102	Date of Disbursement MM / DD / YYYY 02 / 05 / 2009
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name STENY HAMILTON HOYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MD District: 05	

B.	Full Name (Last, First, Middle Initial) IKE SKELTON FOR CONGRESS COMMITTEE	Transaction ID: SB23.50472
	Mailing Address P.O. BOX A	Date of Disbursement MM / DD / YYYY 05 / 14 / 2009
	City HARRISONVILLE State MO Zip Code 64701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name IKE SKELTON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MO District: 04	

C.	Full Name (Last, First, Middle Initial) ISSA FOR CONGRESS	Transaction ID: SB23.50337
	Mailing Address POST OFFICE BOX 760	Date of Disbursement MM / DD / YYYY 03 / 12 / 2009
	City VISTA State CA Zip Code 92085	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DARRELL EDWARD ISSA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 49	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) ISSA FOR CONGRESS	Transaction ID: SB23.50401 Date of Disbursement
	Mailing Address POST OFFICE BOX 760	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City VISTA State CA Zip Code 92085	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name DARRELL EDWARD ISSA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.50436 Date of Disbursement
	Mailing Address 634 Sunset Blvd.	<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City West Columbia State SC Zip Code 29171	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name JOE WILSON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.50515 Date of Disbursement
	Mailing Address 634 Sunset Blvd.	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City West Columbia State SC Zip Code 29171	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOE WILSON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS Mailing Address PO BOX 2323 City ATLANTA State GA Zip Code 30301 Purpose of Disbursement Contribution Candidate Name JOHN LEWIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05	Transaction ID: SB23.50438 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS Mailing Address PO Box 1045 City Erie State PA Zip Code 16512 Purpose of Disbursement Contribution Candidate Name KATHLEEN DAHLKEMPER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 03	Transaction ID: SB23.50430 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) KAY HAGAN FOR US SENATE Mailing Address PO BOX 29103 City GREENSBORO State NC Zip Code 27429 Purpose of Disbursement Contribution Candidate Name KAY R HAGAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	Transaction ID: SB23.50470 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS Mailing Address PO BOX 20123 City RIVERSIDE State CA Zip Code 92516 Purpose of Disbursement Contribution Candidate Name KEN MR. CALVERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50250 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS Mailing Address PO BOX 20123 City RIVERSIDE State CA Zip Code 92516 Purpose of Disbursement Contribution Candidate Name KEN MR. CALVERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50383 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS Mailing Address PO BOX 20123 City RIVERSIDE State CA Zip Code 92516 Purpose of Disbursement Contribution Candidate Name KEN MR. CALVERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50484 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS	Transaction ID: SB23.50552
	Mailing Address 111 NW 183rd Street Suite 325	Date of Disbursement MM / DD / YYYY 01 / 14 / 2009
	City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name KENDRICK B MEEK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 17	

B.	Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS	Transaction ID: SB23.50553
	Mailing Address 111 NW 183rd Street Suite 325	Date of Disbursement MM / DD / YYYY 05 / 13 / 2009
	City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Void Check-Changed to Senate Campaign	Category/ Type
	Candidate Name KENDRICK B MEEK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 17	

C.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.50476
	Mailing Address 111 NW 183RD STREET SUITE 325	Date of Disbursement MM / DD / YYYY 05 / 15 / 2009
	City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name KENDRICK B MEEK	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 00	

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution

Candidate Name
KEVIN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 22

Transaction ID: SB23.50301
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
KILPATRICK FOR UNITED STATES CONGRESS

Mailing Address PO BOX 32175

City DETROIT State MI Zip Code 48232

Purpose of Disbursement
Contribution

Candidate Name
CAROLYN MS. KILPATRICK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.50516
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement
Contribution

Candidate Name
RON KLEIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.50384
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS	Transaction ID: SB23.50338 Date of Disbursement MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 101 Burnsville Parkway Suite 104	Amount of Each Disbursement this Period 1000.00
	City Burnsville State MN Zip Code 55337	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN P. KLINE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS	Transaction ID: SB23.50439 Date of Disbursement MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 101 Burnsville Parkway Suite 104	Amount of Each Disbursement this Period 1000.00
	City Burnsville State MN Zip Code 55337	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN P. KLINE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS	Transaction ID: SB23.50531 Date of Disbursement MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 2236 SE 10th Ave Suite 240	Amount of Each Disbursement this Period 1000.00
	City Portland State OR Zip Code 97214	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name KURT SCHRADER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL 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)

PAGE 121 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

<p>A. Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS</p> <p>Mailing Address PO BOX 7898</p> <p>City WARWICK State RI Zip Code 02887</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JAMES R LANGEVIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50465</p> <p>Date of Disbursement 05 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS</p> <p>Mailing Address PO BOX 7898</p> <p>City WARWICK State RI Zip Code 02887</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JAMES R LANGEVIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50518</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS</p> <p>Mailing Address P.O. Box 71 PO BOX 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name THOMAS P. LATHAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50319</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: SB23.50357 Date of Disbursement 03 / 26 / 2009
	Mailing Address P.O. Box 71 PO BOX 71	Amount of Each Disbursement this Period 1000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name THOMAS P. LATHAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 04	

B.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: SB23.50422 Date of Disbursement 04 / 30 / 2009
	Mailing Address P.O. Box 71 PO BOX 71	Amount of Each Disbursement this Period 2500.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name THOMAS P. LATHAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 04	

C.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS	Transaction ID: SB23.50288 Date of Disbursement 02 / 05 / 2009
	Mailing Address 320 KENARDEN DRIVE	Amount of Each Disbursement this Period 2000.00
	City HIGHLAND HGTS State OH Zip Code 44143	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Steve Latourette	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

TOTAL 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)

PAGE 123 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS	Transaction ID: SB23.50358 Date of Disbursement 03 / 26 / 2009
	Mailing Address 320 KENARDEN DRIVE	
	City HIGHLAND HGTS State OH Zip Code 44143	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Steve Latourette Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS	Transaction ID: SB23.50477 Date of Disbursement 05 / 15 / 2009
	Mailing Address 320 KENARDEN DRIVE	
	City HIGHLAND HGTS State OH Zip Code 44143	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Steve Latourette Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS	Transaction ID: SB23.50524 Date of Disbursement 06 / 30 / 2009
	Mailing Address 320 KENARDEN DRIVE	
	City HIGHLAND HGTS State OH Zip Code 44143	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name STEVEN C LATOURETTE Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 14	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) LATTA FOR CONGRESS Mailing Address 300 North Main Street City Bowling Green State OH Zip Code 43402 Purpose of Disbursement Contribution Candidate Name ROBERT EDWARD LATTA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50506 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE Mailing Address RIVERFRONT PLAZA STATION PO BOX 200596 City NEWARK State NJ Zip Code 07102 Purpose of Disbursement Contribution Candidate Name FRANK R LAUTENBERG Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50500 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW Mailing Address 607 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50397 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) LEAHY FOR U.S. SENATOR COMMITTEE	Transaction ID: SB23.50320 Date of Disbursement 03 / 05 / 2009
	Mailing Address PO BOX 1042	Amount of Each Disbursement this Period 1000.00
	City MONTPELIER State VT Zip Code 05601	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name PATRICK LEAHY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEAHY FOR U.S. SENATOR COMMITTEE	Transaction ID: SB23.50485 Date of Disbursement 06 / 04 / 2009
	Mailing Address PO BOX 1042	Amount of Each Disbursement this Period 250.00
	City MONTPELIER State VT Zip Code 05601	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name PATRICK LEAHY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS	Transaction ID: SB23.50254 Date of Disbursement 01 / 29 / 2009
	Mailing Address PO Box 540098	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68154	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name LEE TERRY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) LEWIS FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 247 <hr/> City Redlands State CA Zip Code 92373 <hr/> Purpose of Disbursement Contribution Candidate Name JERRY LEWIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50340 Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2009
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) LEWIS FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 247 <hr/> City Redlands State CA Zip Code 92373 <hr/> Purpose of Disbursement Contribution Candidate Name JERRY LEWIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50402 Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2009
	Amount of Each Disbursement this Period 1500.00
C. Full Name (Last, First, Middle Initial) LISA MURKOWSKI - U S SENATE <hr/> Mailing Address PO BOX 100847 <hr/> City ANCHORAGE State AK Zip Code 99510 <hr/> Purpose of Disbursement Contribution Candidate Name LISA MURKOWSKI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50238 Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2009
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
LISA MURKOWSKI - U S SENATE

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement
Contribution

Candidate Name
LISA MURKOWSKI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AK District: 00

Transaction ID: SB23.50255

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
LOBIONDO FOR CONGRESS

Mailing Address PO BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement
Contribution

Candidate Name
FRANK A, LOBIONDO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 02

Transaction ID: SB23.50323

Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
LOBIONDO FOR CONGRESS

Mailing Address PO BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement
Contribution

Candidate Name
FRANK A, LOBIONDO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 02

Transaction ID: SB23.50440

Date of Disbursement

05 / 08 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. Box 730
C/O C. BRUCE LAWRENCE

City Honeoye State NY Zip Code 14471

Purpose of Disbursement
Contribution

Candidate Name
LOUISE MCINTOSH SLAUGHTER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 28

Transaction ID: SB23.50478
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address 601 S. Glenoaks Blvd. Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name
LUCILLE ROYBAL-ALLARD

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 34

Transaction ID: SB23.50385
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MAJORITY PAC

Mailing Address 551 MAIN STREET SUITE 120

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.50455
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS	Transaction ID: SB23.50302 Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	Mailing Address 2801 Ponce de Leon Blvd. Ste1000 PO BOX 226 City Coral Gables State FL Zip Code 33134 Purpose of Disbursement Contribution Candidate Name MARIO DIAZ-BALART Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 25
Amount of Each Disbursement this Period 1000.00	

B. Full Name (Last, First, Middle Initial) ERIC JJ MASSA	Transaction ID: SB23.50537 Date of Disbursement MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 170 DELEVAN AVENUE City CORNING State NY Zip Code 14830 Purpose of Disbursement Debt Reduction Candidate Name ERIC JJ MASSA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 29
Amount of Each Disbursement this Period 5000.00	

C. Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS	Transaction ID: SB23.50227 Date of Disbursement MM / DD / YYYY 01 / 08 / 2009
	Mailing Address 60 EAST MARKET STREET SUITE 244 City CORNING State NY Zip Code 14830 Purpose of Disbursement Contribution Candidate Name ERIC JJ MASSA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 29
Amount of Each Disbursement this Period 1500.00	

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS</p> <p>Mailing Address 60 EAST MARKET STREET SUITE 244</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ERIC JJ MASSA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50347</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS</p> <p>Mailing Address 60 EAST MARKET STREET SUITE 244</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ERIC JJ MASSA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50423</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MESABI FUND, THE</p> <p>Mailing Address P.O. Box 77693</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50239</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL 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)

PAGE 131 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) MESABI FUND, THE	Transaction ID: SB23.50366 Date of Disbursement 03 / 12 / 2009
	Mailing Address P.O. Box 77693	
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICA FOR CONGRESS	Transaction ID: SB23.50387 Date of Disbursement 04 / 17 / 2009
	Mailing Address PO Box 181546	
	City Casselberry State FL Zip Code 32718	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name JOHN L MR. MICA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICA FOR CONGRESS	Transaction ID: SB23.50486 Date of Disbursement 06 / 04 / 2009
	Mailing Address PO Box 181546	
	City Casselberry State FL Zip Code 32718	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name JOHN L MR. MICA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS	Transaction ID: SB23.50256 Date of Disbursement 01 / 29 / 2009
	Mailing Address 213 LISBON STREET	Amount of Each Disbursement this Period 1000.00
	City LEWISTON State ME Zip Code 04240	
	Purpose of Disbursement Contribution Candidate Name MICHAEL H MICHAUD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS	Transaction ID: SB23.50324 Date of Disbursement 03 / 05 / 2009
	Mailing Address 213 LISBON STREET	Amount of Each Disbursement this Period 1000.00
	City LEWISTON State ME Zip Code 04240	
	Purpose of Disbursement Contribution Candidate Name MICHAEL H MICHAUD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS	Transaction ID: SB23.50487 Date of Disbursement 06 / 04 / 2009
	Mailing Address 213 LISBON STREET	Amount of Each Disbursement this Period 1000.00
	City LEWISTON State ME Zip Code 04240	
	Purpose of Disbursement Contribution Candidate Name MICHAEL H MICHAUD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. MIKE MCMAHON FOR CONGRESS

Full Name (Last, First, Middle Initial)

MIKE MCMAHON FOR CONGRESS

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement

Contribution

Candidate Name
MICHAEL E. MR. MCMAHON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 13

Transaction ID: SB23.50507

Date of Disbursement

06 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

B. MORAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MORAN FOR CONGRESS

Mailing Address 311 N. Washington St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

Candidate Name
JAMES P JR MORAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 08

Transaction ID: SB23.50359

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

2500.00

C. MORAN FOR KANSAS

Full Name (Last, First, Middle Initial)

MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement

Contribution

Candidate Name
JERRY MORAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KS District: 00

Transaction ID: SB23.50460

Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
MURTHA FOR CONGRESS COMMITTEE

Transaction ID: SB23.50304
Date of Disbursement

Mailing Address 551 Main Street, Suite 120
BT FINANCIAL PLAZA SUITE 220

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

City JOHNSTOWN State PA Zip Code 15901

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
JOHN P MR. MURTHA

Office Sought: House
 Senate
 President
State: PA District: 12

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
NADLER FOR CONGRESS

Transaction ID: SB23.50257
Date of Disbursement

Mailing Address Village Station PO Box 40

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City New York State NY Zip Code 10014

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name
JERROLD L MR. NADLER

Office Sought: House
 Senate
 President
State: NY District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB23.50488
Date of Disbursement

Mailing Address 320 FIRST STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	9

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: SB23.50395 Date of Disbursement 04 / 17 / 2009
	Mailing Address PO BOX 8666	Amount of Each Disbursement this Period 1000.00
	City OMAHA State NE Zip Code 68108	
	Purpose of Disbursement Contribution Candidate Name ben nelson	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NEXT CENTURY FUND	Transaction ID: SB23.50479 Date of Disbursement 05 / 15 / 2009
	Mailing Address 116 S ROYAL STREET	Amount of Each Disbursement this Period 2000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ORTIZ FOR CONGRESS COMMITTEE	Transaction ID: SB23.50480 Date of Disbursement 05 / 15 / 2009
	Mailing Address PO BOX 7806	Amount of Each Disbursement this Period 1000.00
	City CORPUS CHRISTI State TX Zip Code 78467	
	Purpose of Disbursement Contribution Candidate Name SOLOMON P ORTIZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)
PASTOR FOR ARIZONA

Transaction ID: SB23.50388
Date of Disbursement

Mailing Address PO BOX 6554

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	9

City PHOENIX State AZ Zip Code 85005

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
EDWARD L PASTOR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 04

B.

Full Name (Last, First, Middle Initial)
PAUL BROUN COMMITTEE

Transaction ID: SB23.50367
Date of Disbursement

Mailing Address P.O. Box 1512

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	9

City Athens State GA Zip Code 30601

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
PAUL COLLINS BROUN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 10

C.

Full Name (Last, First, Middle Initial)
PETE KING FOR CONGRESS COMMITTEE

Transaction ID: SB23.50342
Date of Disbursement

Mailing Address POST OFFICE BOX 1428

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

City SEAFORD State NY Zip Code 11783

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

--

Candidate Name
PETER T KING

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 03

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

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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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) PETE KING FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 1428 City SEAFORD State NY Zip Code 11783 Purpose of Disbursement Contribution Candidate Name PETER T KING Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50445 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) PETE KING FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 1428 City SEAFORD State NY Zip Code 11783 Purpose of Disbursement Contribution Candidate Name PETER T KING Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50519 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
C. Full Name (Last, First, Middle Initial) PETE KING FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 1428 City SEAFORD State NY Zip Code 11783 Purpose of Disbursement Contribution Candidate Name PETER T KING Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50520 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS	Transaction ID: SB23.50368
	Mailing Address PO Box 17613	Date of Disbursement 03 / 20 / 2009
	City Portland State ME Zip Code 04112	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name CHELLIE M PINGREE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS	Transaction ID: SB23.50509
	Mailing Address PO Box 17613	Date of Disbursement 06 / 11 / 2009
	City Portland State ME Zip Code 04112	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name CHELLIE M PINGREE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PRAIRIE POLITICAL ACTION COMMITTEE	Transaction ID: SB23.50452
	Mailing Address P.O. Box 2002	Date of Disbursement 05 / 08 / 2009
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) RADANOVICH FOR CONGRESS	Transaction ID: SB23.50258 Date of Disbursement 01 / 29 / 2009
	Mailing Address 30151 TOMAS STREET	Amount of Each Disbursement this Period 1000.00
	City RANCHO STA MRGRITA State CA Zip Code 92688	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name GEORGE RADANOVICH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: SB23.50403 Date of Disbursement 04 / 23 / 2009
	Mailing Address P.O. Box 5577	Amount of Each Disbursement this Period 2500.00
	City New York State NY Zip Code 10027	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name charles rangel	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REHBERG FOR CONGRESS	Transaction ID: SB23.50523 Date of Disbursement 06 / 25 / 2009
	Mailing Address P.O. Box 1597	Amount of Each Disbursement this Period 2500.00
	City Helena State MT Zip Code 59624	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DENNIS R REHBERG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL 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)

PAGE 140 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) REPUBLICAN MAJORITY FUND	Transaction ID: SB23.50228 Date of Disbursement 01 / 08 / 2009	
	Mailing Address PO BOX 144 Suite 300 City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Category/Type	
B.	Full Name (Last, First, Middle Initial) REPUBLICAN MAJORITY FUND	Transaction ID: SB23.50348 Date of Disbursement 03 / 20 / 2009	
	Mailing Address PO BOX 144 Suite 300 City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Category/Type	
C.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE	Transaction ID: SB23.50211 Date of Disbursement 01 / 08 / 2009	
	Mailing Address PO BOX 5928 City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Contribution Candidate Name RICHARD M BURR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999
PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement
Contribution

Candidate Name
ROBERT J. WITTMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 01

Transaction ID: SB23.50441
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999
PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement
Contribution

Candidate Name
ROBERT J. WITTMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 01

Transaction ID: SB23.50489
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution

Candidate Name
PETER ROSKAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.50453
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

<p>A. Full Name (Last, First, Middle Initial) RUSS CARNAHAN FOR CONGRESS COMMITTEE</p> <p>Mailing Address 7370 Manchester Rd STE 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name RUSS CARNAHAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50379</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SERRANO FOR CONGRESS</p> <p>Mailing Address P.O. Box 711</p> <p>City NEW YORK State NY Zip Code 10032</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOSE E SERRANO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50307</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS</p> <p>Mailing Address P.O. Box 16</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOSEPH A. JR. SESTAK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.50305</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL 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)

PAGE 144 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: SB23.50361 Date of Disbursement 04 / 01 / 2009
	Mailing Address P.O. Box 16	Amount of Each Disbursement this Period 2500.00
	City Media State PA Zip Code 19063	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name JOSEPH A. JR. SESTAK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: SB23.50482 Date of Disbursement 05 / 15 / 2009
	Mailing Address P.O. Box 16	Amount of Each Disbursement this Period 2500.00
	City Media State PA Zip Code 19063	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name JOSEPH A. JR. SESTAK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: SB23.50490 Date of Disbursement 06 / 04 / 2009
	Mailing Address P.O. Box 16	Amount of Each Disbursement this Period 2500.00
	City Media State PA Zip Code 19063	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name JOSEPH A. JR. SESTAK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 / 151

<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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: SB23.50442 Date of Disbursement 05 / 08 / 2009
	Mailing Address PO BOX 4945	Amount of Each Disbursement this Period 1000.00
	City EAST LANSING State MI Zip Code 48826	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DEBBIE STABENOW	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS	Transaction ID: SB23.50243 Date of Disbursement 01 / 23 / 2009
	Mailing Address 2537 Obetz Drive	Amount of Each Disbursement this Period 1000.00
	City Beavercreek State OH Zip Code 45434	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name STEVE C AUSTRIA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.50410 Date of Disbursement 04 / 30 / 2009
	Mailing Address 39 BROADWAY 33RD FLOOR	Amount of Each Disbursement this Period 1000.00
	City NEW YORK State NY Zip Code 10006	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name STEVE ISRAEL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial)
SUSAN DAVIS FOR CONGRESS

Mailing Address 144 West D St

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Contribution

Candidate Name
SUSAN A DAVIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 53

Transaction ID: SB23.50405

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Contribution

Candidate Name
TIMOTHY BISHOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 01

Transaction ID: SB23.50343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
TODD AKIN FOR CONGRESS

Mailing Address PO BOX 31222

City ST LOUIS State MO Zip Code 63131

Purpose of Disbursement
Contribution

Candidate Name
W TODD AKIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 02

Transaction ID: SB23.50259

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A. Full Name (Last, First, Middle Initial) TODD AKIN FOR CONGRESS <hr/> Mailing Address PO BOX 31222 <hr/> City ST LOUIS State MO Zip Code 63131 <hr/> Purpose of Disbursement Contribution Candidate Name W TODD AKIN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50491 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) VISCLOSKY FOR CONGRESS <hr/> Mailing Address PO BOX 10003 <hr/> City MERRILLVILLE State IN Zip Code 46411 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50360 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE <hr/> Mailing Address PO BOX 1500 <hr/> City CHICO State CA Zip Code 95927 <hr/> Purpose of Disbursement Contribution Candidate Name WALLY HERGER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.50424 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL 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)
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) WALTER JONES COMMITTEE	Transaction ID: SB23.50262 Date of Disbursement 01 / 29 / 2009
	Mailing Address PO Box 3962	Amount of Each Disbursement this Period 1000.00
	City Greenville State NC Zip Code 27836	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name WALTER B JONES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WALTER JONES COMMITTEE	Transaction ID: SB23.50521 Date of Disbursement 06 / 19 / 2009
	Mailing Address PO Box 3962	Amount of Each Disbursement this Period 1000.00
	City Greenville State NC Zip Code 27836	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name WALTER B JONES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGRESS	Transaction ID: SB23.50530 Date of Disbursement 06 / 11 / 2009
	Mailing Address 1071 Twin Branch Ln	Amount of Each Disbursement this Period 1500.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DEBBIE WASSERMAN SCHULTZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL 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)

PAGE 149 / 151

<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)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

WOOLSEY FOR CONGRESS

Mailing Address P.O. BOX 750176

City
PETALUMA

State
CA

Zip Code
94975

Purpose of Disbursement
Contribution

Candidate Name
LYNN C WOOLSEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 06

Transaction ID: SB23.50492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL 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)

PAGE 150 / 151

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

THOMAS SHATTUCK

Transaction ID: SB28A.50556

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	9

Mailing Address 1154 ARNOLD DR

City State Zip Code
ENDICOTT NY 13760

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Refund Donation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

**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)

PAGE 151 / 151

<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)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

Abercrombie for Governor

Mailing Address P.O. Box 636

City
Annandale

State
VA

Zip Code
22003

Purpose of Disbursement
Contribution/State Election

Candidate Name
ABERCROMBIE FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: HI District: 01

Transaction ID: SB29.50541

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)