REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE REC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Seafarers Political Activity Donation

ADDRESS (number and street) ☐ Check if different than previously reported

5201 Auth Way

CITY, STATE and ZIP CODE

Camp Springs, MD 20746

2. FEC IDENTIFICATION NUMBER

C00004325

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☒ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 5/1/93 through 5/31/93		
6. (a) Cash on Hand January 1, 1993		$ 113,627.94
(b) Cash on Hand at Beginning of Reporting Period	$ 162,687.60	
(c) Total Receipts (from Line 19)	$ 56,246.70	$ 305,989.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 218,934.30	$ 419,617.64
7. Total Disbursements (from Line 30)	$ 48,804.70	$ 249,488.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 170,129.60	$ 170,129.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120

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 Asst. Treasurer
Thomas J. DeVivio

Signature of Treasurer

Date 6/15/93

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

FEC FORM 3X

(revised 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE: Seafarers Political Activity Donation

REPORT COVERING PERIOD FROM 5/1/93 TO: 5/31/93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,045.50	3,989.00
ii. Unitemized	55,201.20	297,750.70
iii. Total (add i and ii) ➤	56,246.70	301,739.70
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	56,246.70	301,739.70
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	4,250.00
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	56,246.70	305,989.70
20. Total Federal Receipts (subtract line 18 from line 19) ➤	56,240.70	305,989.70
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	15,204.70	49,204.70
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	15,204.70	49,204.70
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,500.00	133,383.34
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements	11,100.00	66,900.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	48,804.70	249,488.04
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	48,804.70	249,488.04
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	56,246.70	301,739.70
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	56,246.70	301,739.70
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	15,204.70	49,204.70
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	15,204.70	49,204.70

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 ai

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code A. Azez 675 Fourth Ave. Brooklyn, NY 11232 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date: $ 226.50	5/31/93	105.50
B. Full Name, Mailing Address and ZIP Code T. Bartolome P.O. Box 141 Hilo, HI 96720 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date: $ 256.50	5/31/93	256.50
C. Full Name, Mailing Address and ZIP Code B. Corpus 2309 Elaine Ave. Norfolk, VA 23518 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date: $ 211.00	5/31/93	211.00
D. Full Name, Mailing Address and ZIP Code M. Gnoinska 2728 Whitney Pl. Apt. 319 Metairie, LA 70002 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date: $ 250.00	5/31/93	250.00
E. Full Name, Mailing Address and ZIP Code G. Potter P.O. Box 1006 Key Largo, FL 33037 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date: $ 222.50	5/31/93	222.50
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,045.50

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Allyn Howe 5112 Red Fox Drive Annandale, VA 22003	Political Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/1/93	5,500.00
B. Full Name, Mailing Address and ZIP Code Brand & Lowell 923 15th St., NW Washington, DC 20005	Legal Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/1/93	3,000.00
C. Full Name, Mailing Address and ZIP Code Wayne Smith 1341 G St., NW, Ste. 200 Washington, DC 20005	Political Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/1/93	2,500.00
D. Full Name, Mailing Address and ZIP Code Buchbinder Tunick & Co. 11921 Rockville Pike, Ste 200 Rockville, MD 20852	Audit Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/18/93	4,204.70
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	15,204.70

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use reports scheduled for each category of the Detailed Summary Page

PAGE 1 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code Alaskans for Don Young P.O. Box 100298 Anchorage, AK 99510	Purpose of Disbursement R-AK-at large Disbursement for: ☒ Primary ☐ General ☐ Other (specify) YTD 1,500.00	Date (month, day, year) 5/13/93	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code DeConcini '94 Committee 5039 N. 19th Ave., #3 Phoenix, AZ 85015	D-AZ-SEN Disbursement for: [94] Primary [ ] General [ ] Other (specify) YTD 2,000.00	5/13/93	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee for Congressman Ronald V. Dellums P.O. Box 29164 Oakland, CA 94604	D-CA-09 Disbursement for: [94] Primary [ ] General [ ] Other (specify) YTD 2,500.00	5/13/93	2,500.00
B. Sam Farr for Congress P.O. Box 2493 Salinas, CA 93902	D-CA-17 Disbursement for: [ ] Primary [93] General [ ] Other (specify) YTD 3,500.00	5/13/93	3,500.00
C.			
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code Committee to Elect Mel Reynolds 525 S.E. 103rd Chicago, IL 60628	Purpose of Disbursement D-IL-02 Disbursement for: [94] Primary [ ] General [ ] Other (specify) vrn 500.00	Date (month, day, year) 5/13/93	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Congressman William D. Ford 645 Griswald Penobscot Bld. #1656 Detroit, MI 48226	D-MI-13 ☒ Primary YTD 1,000.00	5/13/93	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code Friends of Bob Torricelli, Inc. P.O. Box 809 Teaneck, NJ 07666	Purpose of Disbursement D-NJ-09 Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 2,500.00	Date (month, day, year) 5/13/93	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code Quinn for Congress 5185 Overlook Pt. Hamburg, NY 14075	Purpose of Disbursement R-NY-30 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1,000.00	Date (month, day, year) 5/13/93	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Eva Clayton Committee for Congress 307 N. Franklin St. Warrenton, NC 27589	D-NC-01 Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 500.00	5/13/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 9 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Redesignation See Below D-ND-SEN ☒ Primary ☐ General ☐ Other (specify) YTD -0-	3/9/93	(3,333.34)
B. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	D-ND-SEN ☒ Primary ☐ General ☐ Other (specify) YTD 3,333.34	5/28/93	3,333.34
C.	☐ Primary ☐ General ☐ Other (specify)		
D.	☐ Primary ☐ General ☐ Other (specify)		
E.	☐ Primary ☐ General ☐ Other (specify)		
F.	☐ Primary ☐ General ☐ Other (specify)		
G.	☐ Primary ☐ General ☐ Other (specify)		
H.	☐ Primary ☐ General ☐ Other (specify)		
I.	☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... -0-

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 10 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kaptur for Congress P.O. Box 899 Toledo, OH 43691	D-OH-09 Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 5,000.00	5/13/93	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Purpose of Disbursement D-TN-05 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1,000.00	Date (month, day, year) 5/13/93	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 12 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Laughlin for Congress P.O. Box 504 West Columbia, TX 77486	D-TX-14 Disbursement for: [x] Primary [ ] General [ ] Other (specify) YTD 2,000.00	5/13/93	2,000.00
B. Full Name, Mailing Address and ZIP Code Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	D-TX-29 Disbursement for: [x] Primary [ ] General [ ] Other (specify) YTD 1,000.00	5/13/93	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	22,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Mike Woo for Mayor 711 W. College St., Ste. 620 Los Angeles, CA 90012	state & local CA 1993 YTD 1,000.00	5/10/93	1,000.00
B. Democratic Governors Association 430 S. Capitol St. Washington, DC 20003	Contribution YTD 10,000.00	5/13/93	5,000.00
C. Friends of Jay DeBoer 3330 Pacific Ave., Ste. 304 Virginia Beach, VA 23451	state & local VA 1993 YTD 1,000.00	5/13/93	1,000.00
D. Democratic Party of Virginia 3330 Pacific Ave., Ste. 304 Virginia Beach, VA 23451	state & local VA 1993 YTD 1,000.00	5/13/93	1,000.00
E. Friends of Ken Stolle Box 9144 Virginia Beach, VA 23450	state & local VA 1992 YTD 500.00	5/13/93	500.00
F. John J. "Butch" Davies Campaign 122 West Cameron St. Culpeper, VA 22701	state & local VA 1993 YTD 500.00	5/13/93	500.00
G. Louise Lucas Campaign 3330 Pacific Ave., ste. 304 Virginia Beach, VA 23451	state & local VA 1993 YTD 500.00	5/13/93	500.00
H. Mims for Delegate Campaign 3330 Pacific Ave., Ste. 304 Virginia Beach, VA 23451	state & local VA 1993 YTD 500.00	5/13/93	500.00
I. Jones '93 Campaign 3330 Pacific Ave., Ste. 304 Virginia Beach, VA 23451	state & local VA 1993 YTD 1,000.00	5/13/93	1,000.00

SUBTOTAL of Disbursements This Page (optional)	11,000.00
TOTAL This Period (last page this line number only)	

43038424426

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Re-Elect Treasurer Mary I. Callanan 650 5th St., Ste. 203 San Francisco, CA 94107	state & local CA 1993 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD 100.00	5/24/93	100.00
B. Full Name, Mailing Address and ZIP Code Wisconsin Democratic Party/Fed Act. 126 South Franklin St. Madison, WI 53703	Stop Payment Placed Contribution 1993 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD -0-	4/30/93	(2,500.00)
C. Full Name, Mailing Address and ZIP Code Wisconsin Democratic Party/Fed Act. 126 South Franklin St. Madison, WI 53703	Contribution 1993 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD 2,500.00	5/11/93	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	100.00
TOTAL This Period (last page this line number only)	11,100.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 6/17/93
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

ES
PREPARER

6/17/93
DATE PREPARED

FEC FORM 70-2 (12/92)

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