REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
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 '94 AUG 31

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☒ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/94 through 7/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 115,638.89
(b) Cash on Hand at Beginning of Reporting Period	$ 81,190.24	
(c) Total Receipts (from Line 19)	$ 49,702.50	$ 411,509.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 130,892.74	$ 527,148.07
7. Total Disbursements (from Line 30)	$ 58,212.77	$ 454,468.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 72,679.97	$ 72,679.97
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 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Assistant Treasurer
Thomas J. DeVivio

Signature of Treasurer

Date 8/15/94

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 9/93)

9 4 0 3 9 1 7 3 4 6 6

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 7/1/94 TO: 7/31/94

	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)	931.00	3,501.50
ii. Unitemized	48,771.50	408,007.68
iii. Total (add i and ii) ➤	49,702.50	411,509.18
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	49,702.50	411,509.18
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	49,702.50	411,509.18
20. Total Federal Receipts (subtract line 18 from line 19) ➤	49,702.50	411,509.18
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	11,562.77	85,844.10
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	11,562.77	85,844.10
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	46,400.00	312,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements	250.00	56,124.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	58,212.77	454,468.10
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	58,212.77	454,468.10
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	49,702.50	411,509.18
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	49,702.50	411,509.18
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	11,562.77	85,844.10
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	11,562.77	85,844.10

9 4 0 3 9 1 7 3 4 6 7

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. R. Charles 3141 Touchwood Dr. Harvey, LA 70058 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date > $ 209.50	7/31/94	103.00
B. T. Koebel 10143 SE Clatsop St. Portland, OR 97266 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date > $ 200.00	7/31/94	101.00
C. E. Kok PO Box 10567 Hilo, HI 96721 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date > $ 202.00	7/31/94	202.00
D. D. Mann 4229 Moncreife Rd., #59 Jacksonville, FL 32209 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date > $ 216.00	7/31/94	28.50
E. K. Marich 3505 Sandy Pt. Lane Virginia Beach, VA 23452 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date > $ 205.00	7/31/94	83.00
F. B. Schmeer PO Box 11179 Hilo, HI 96721 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date > $ 202.00	7/31/94	202.00
G. R. Taylor 3813 Keelboat Cir., #203 Virginia Beach, VA 23456 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer: N/A Occupation: Merchant Seaman Aggregate Year-to-Date > $ 211.50	7/31/94	211.50

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 931.00

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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 21 b

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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. Allynn Howe 5112 Red Fox Drive Annandale, VA 22003	Political Consulting	7/1/94	5,500.00
B. Wayne Smith 1341 G St., NW, Ste. 200 Washington, DC 20005	Political Consulting	7/1/94	2,500.00
C. Brand & Lowell 923 15th St., NW Washington, DC 20005	Legal Consulting	7/1/94	3,000.00
D. First Virginia Card Serv. P.O. Box 936 Falls Church, VA 22041-0936	Credit Card Payment See Below	7/1/94	562.77
E. Mr. Smiths Tysons Corner Vienna, VA	Discussion of Alaska Oil		56.34 MEMO
F. Thats Amore Vienna, VA	River Boat Gaming Disc.		42.55 MEMO
G. Golf Course Specialists Washington, DC	Disc. on Rules Comm.		53.08 MEMO
H. Anita's Mexican food Vienna, VA	Health Care Discussion		45.11 MEMO
I. The Market Inn Washington, DC	Legislative Disc.		51.87 MEMO

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

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

9 4 0 3 9 1 7 3 4 6 9

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

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 Bice of Washington Washington, DC	Legislative Disc. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		92.32 MEMO
B. Full Name, Mailing Address and ZIP Code Amoco Station 3305828 Quinton, VA	Gas to fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		15.02 MEMO
C. Full Name, Mailing Address and ZIP Code Shoney's #117 Stafford, VA	Fundraiser breakfast Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		5.89 MEMO
D. Full Name, Mailing Address and ZIP Code Omni Hotel Newport News, VA	Hotel for fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		200.59 MEMO
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) 11,562.77

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10

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. Sasser/Sarbanes Victory Fund c/o DSCC 430 S. Capitol St. Washington, DC 20003	See breakdown below Joint Fund Raising Committee Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD 10,000.00	7/29/94	10,000.00
B. Friends of Jim Sasser	D-TN-SEN- Disbursement for: ☐ Primary 94 General ☐ Other (specify) YTD 5,000.00		5,000.00 MEMO
C. Citizens for Sarbanes	D-MD-SEN Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 5,000.00		2,500.00 MEMO
D. Citizens for Sarbanes	D-MD-SEN Disbursement for: ☐ Primary 94 General ☐ Other (specify) YTD 5,000.00		2,500.00 MEMO
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 10,000.00

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

9 4 0 3 9 1 7 5 4 7 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Schaefer to Congress 7600 E. Orchard Rd. #105 Englewood, CO 80111	R-00-06 Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 1,000.00	7/29/94	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 3 OF 10

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
Ward for Congress 1905 Deer Park Ave. Louisville, KY 40205	D-KY-03 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) YTD 5,000.00	7/27/94	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)	

9 4 0 3 9 1 7 3 4 7 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

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 Bob Carr P.O. Box 1552 E. Lansing, MI 48826	D-MI-SEN Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 5,000.00	7/29/94	2,400.00
B. Bob Mitchell for Congress 1805 Yosemite Okemos, MI 48864	D-MI-08 Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 1,000.00	7/29/94	1,000.00
C. Levin for Congress Committee 16300 W. Nine Mile Rd. Southfield, MI 48675	D-MI-12 Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 5,000.00	7/13/94	5,000.00
D.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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) 8,400.00

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

9 4 0 3 9 1 7 5 4 7 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Karen McCarthy for Congress Comm. 4049 Pennsylvania Kansas City, MO 64111	D-MO-05 Disbursement for: [94] Primary [ ] General [ ] Other (specify) YTD 2,500.00	7/29/94	2,500.00
B. Full Name, Mailing Address and ZIP Code Volkmer for Congress Committee P.O. Box 991 Hannibal, MO 63401	D-MO-09 Disbursement for: [94] Primary [ ] General [ ] Other (specify) YTD 5,000.00	7/27/94	4,000.00
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)	6,500.00
TOTAL This Period (last page this line number only)	

9 4 0 3 9 1 7 3 4 7 5

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Cynthia Ruccia for Congress 1036 Grandon Ave. Columbus, OH 43209	D-OH-12 Disbursement for: [ ] Primary [94] General [ ] Other (specify) YTD 2,500.00	7/19/94	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)	

9 4 0 3 9 1 7 3 4 7 6

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Quillen for Congress Committee P.O. Box 68 Kingsport, TN 37662	R-TN-01 Disbursement for: [94] Primary [ ] General [ ] Other (specify) YTD 5,000.00	7/13/94	2,500.00
B. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	D-TN-06 Disbursement for: [94] Primary [ ] General [ ] Other (specify) YTD 1,500.00	7/29/94	500.00
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) .....

9 4 0 3 9 1 7 3 4 7 7

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code Coleman for Congress 715 N. Oregon El Paso, TX 79902	Purpose of Disbursement D-TX-16 Disbursement for: ☐ Primary ☒ 94 General ☐ Other (specify) YTD 1,000.00	Date (month, day, year) 7/27/94	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208	Purpose of Disbursement D-TX-24 Disbursement for: ☐ Primary ☒ 94 General ☐ Other (specify) YTD 2,500.00	Date (month, day, year) 7/27/94	Amount of Each Disbursement This Period 2,500.00
C. Full Name, Mailing Address and ZIP Code Ken Bentsen Jr. for Congress Comm. 5615 Morningside #301 Houston, TX 77005	Purpose of Disbursement D-TX-25 Disbursement for: ☐ Primary ☒ 94 General ☐ Other (specify) YTD 1,000.00	Date (month, day, year) 7/27/94	Amount of Each Disbursement This Period 1,000.00
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
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
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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) 4,500.00

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

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 Robb for the Senate 12 Forest Hills Drive Luray, VA 22835	D-VA-SEN Disbursement for: ☐ Primary ☒ General ☐ Other (specify) YTD 5,000.00	7/29/94	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)	

9 4 0 3 9 1 7 3 4 7 9

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Mike Kreidler for Congress Committee P.O. Box 4893 Federal Way, WA 98063	D-WA-09- Disbursement for: 94 Primary ☐ General ☐ Other (specify) YTD 1,700.00	7/13/94	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
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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
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SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	46,400.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of State Rep. Debbie Wasserman-Schultz 3081 E. Commercial Blvd. Ste. 200 Ft. Lauderdale, FL 33308	state & local FL 1994 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/22/94	250.00
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
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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) .....

TOTAL This Period (last page this line number only) 250.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 8-18-94
☐	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

JMH
PREPARER

8-18-94
DATE PREPARED

FEC FORM 70-2 (13/88)

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