

# 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)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 03 01 2006 through 03 31 2006

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 EDWARD KELLY

Signature of Treasurer Electronically Filed by EDWARD KELLY Date 04 11 2006

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

**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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		94489.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	157201.02									
(c) Total Receipts (from Line 19) .....	61799.00	192567.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	219000.02	287057.02								
7. Total Disbursements (from Line 31) .....	94059.87	162116.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	124940.15	124940.15								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	28067.00	84173.00
(i) Itemized (use Schedule A) .....	32232.00	106894.00
(ii) Unitemized .....	60299.00	191067.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	60299.00	191067.00
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) .....	1500.00	1500.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.61
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)) .....	61799.00	192567.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61799.00	192567.61

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	94000.00	161000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1057.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1057.00
29. Other Disbursements.....	59.87	59.87
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))..	94059.87	162116.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	94059.87	162116.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	60299.00	191067.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1057.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60299.00	190010.00
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) .....	1500.00	1500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1500.00	-1500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<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)  
GEORGE ADAMS

Mailing Address 116-17th ave. north

City State Zip Code  
TEXAS CITY TX 77590

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

Name of Employer  
INTREPID PERSONNEL & PROVISIONING

Occupation  
1st 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  
03 / 10 / 2006

Transaction ID: SA11A1.37344

Amount of Each Receipt this Period  
500.00

**B.** 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  
AMERICAN OVERSEAS MARINE CORP

Occupation  
SECOND MATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: SA11A1.37411

Amount of Each Receipt this Period  
500.00

**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  
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  
03 / 31 / 2006

Transaction ID: SA11A1.37542

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<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)  
DAVID BELL, SR.

Mailing Address 416 NW DOVER CT.

City State Zip Code  
PORT ST. LUCIE FL 34983

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

Name of Employer Occupation  
MAERSK LINE LTD 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  
03 / 31 / 2006

Transaction ID: SA11A1.37580

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
DANIEL BENSONI

Mailing Address 7270 HIGHWAY 8

City State Zip Code  
SAGINAW MN 55779

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 ▼ 249.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.37484

Amount of Each Receipt this Period  
249.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER BEST

Mailing Address P.O. BOX 192

City State Zip Code  
Anahola HI 96703

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

Name of Employer Occupation  
MAERSK LINE LTD 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 / 31 / 2006

Transaction ID: SA11A1.37570

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	949.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. MARK BLOM</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 1597 TRAPHILL UNION RD		<b>Transaction ID: SA11A1.37257</b>	
City TRAPHILL	State NC	Zip Code 28685	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INTEROCEAN UGLAND MGMT CO- RP.	Occupation SECOND MATE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW BONVENTO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 124-07 14TH AVENUE		<b>Transaction ID: SA11A1.37456</b>	
City COLLEGE POINT	State NY	Zip Code 11356	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MAERSK LINE LTD	Occupation 3rd Mate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. PAUL BRADY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 2 WOODVIEW STREET SAMFORD, QLD		<b>Transaction ID: SA11A1.37335</b>	
City AUSTRALIA 4520	State	Zip Code	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MAERSK LINE LTD	Occupation Chief Mate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 57
	<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)  
ROBERT BROOKS

Mailing Address 2901 NW 47th. Terrace # 346

City State Zip Code  
Lauderdale Lakes FL 33313

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

Name of Employer Occupation  
AMERICAN STEAMSHIP CO. 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 Y  
03 / 03 / 2006

Transaction ID: SA11A1.37226

Amount of Each Receipt this Period  
250.00

**B.** 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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.37500

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
PETER CESARSKI

Mailing Address 21 AVOCA AVE.

City State Zip Code  
MASSAPEQUA PARK NY 11762

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

Name of Employer Occupation  
REMINGTON SHIPPING INC. Chief Mate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.37295

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 57
	<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)  
ROBERT CHERAMIE

Mailing Address 508 AVE E

City State Zip Code  
KENTWOOD LA 70444

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

Name of Employer Occupation  
AMERICAN OVERSEAS MARINE Chief Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.37239

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
PETER COOLEY

Mailing Address P.O. BOX 37114

City State Zip Code  
PENSACOLA FL 32526

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

Name of Employer Occupation  
AMERICAN OVERSEAS MARINE CORP 3RD 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  
03 / 10 / 2006

Transaction ID: SA11A1.37322

Amount of Each Receipt this Period  
400.00

**C.** 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  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.37201

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 57
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) ROBIN COTTON		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 529 CANAL ROAD		<b>Transaction ID:</b> SA11A1.37339	
City State Zip Code PONTE VEDRA BCH FL 32082		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) PAUL DAVIS		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 1151AQUIDNECK AVE PMB 572		<b>Transaction ID:</b> SA11A1.37529	
City State Zip Code MIDDLETOWN RI 02842		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS DEERING		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address PO BOX 9		<b>Transaction ID:</b> SA11A1.37477	
City State Zip Code NORTHPORT MI 49670		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation USS TRANSPORT, LLC 1st Asst Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 57
	<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)  
NEIL DEERY

Mailing Address 31 BLACKSTONE RD.

City WEYMOUTH State MA Zip Code 02191

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.37189

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN DEMOS

Mailing Address 306 GOLDENEYE CT

City HAURE DE GRACE State MD Zip Code 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  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.37464

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL ELBERS

Mailing Address 176 MEISTER BLVD

City FREEPORT State NY Zip Code 11520

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  
03 / 10 / 2006

Transaction ID: SA11A1.37290

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 57
	<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 ENNENGA

Mailing Address 281 JAMES AVE

City State Zip Code  
BURLINGTON VT 85401

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

Transaction ID: SA11A1.37259

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
FRANK FINGERHUT

Mailing Address 2480 IRVINE BLVD.  
APT. 202

City State Zip Code  
TUSTIN CA 92782

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  
03 / 31 / 2006

Transaction ID: SA11A1.37539

Amount of Each Receipt this Period  
400.00

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

Mailing Address RT 4 BOX 140-D

City State Zip Code  
ANDALUSIA AL 36420

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

Name of Employer Occupation  
MAERSK LINE LTD. 2ND ENGINEER DIESEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: SA11A1.37560

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. LAWRENCE FRENCH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 8165 IVY HODGES ROAD		<b>Transaction ID: SA11A1.37446</b>	
City State Zip Code MACCLENNY FL 32063		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

Full Name (Last, First, Middle Initial) <b>B. JOHN GANDY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address RR 1 BOX 925		<b>Transaction ID: SA11A1.37389</b>	
City State Zip Code BLUE HILL ME 04614		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MAERSK LINE LTD Occupation Master			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. RICCARDO GIANNONE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 2021 81ST ST		<b>Transaction ID: SA11A1.37203</b>	
City State Zip Code BROOKLYN NY 11214		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 57
	<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)  
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 INTEROCEAN UGLAND MGMT CO- RP.  
Occupation 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  
03 / 31 / 2006

Transaction ID: SA11A1.37519

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
ANTHONY HADLEY

Mailing Address 109 IVY CT.

City State Zip Code  
SUMMERVILLE SC 29483-1809

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

Name of Employer MAERSK LINE LTD.  
Occupation THIRD MATE

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 / 31 / 2006

Transaction ID: SA11A1.37551

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
THEODORE HARKINS

Mailing Address 3812 P 1/2

City State Zip Code  
GALVESTON TX 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  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.37217

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 57
	<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)  
LAWRENCE HEARN

Mailing Address 3389 SHERIDAN ST  
SUITE #196

City HOLLYWOOD State FL Zip Code 33021

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

Name of Employer TRANSOCEANIC CABLE SHIP CO.  
Occupation 2ND ENGINEER STEAM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.37329

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MATS HOLMQUIST

Mailing Address 921 OLD METAIRIE PL.

City METAIRIE State LA Zip Code 70001

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

Name of Employer INTEROCEAN UGLAND MGMT.  
Occupation Chief Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.37252

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
ROMAN JARMULA

Mailing Address 1800 EAGLE TRACE BW

City PALM HARBOR State FL Zip Code 34685

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

Name of Employer INTEROCEAN UGLAND MGMT.  
Occupation 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  
03 / 31 / 2006

Transaction ID: SA11A1.37552

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. JOHN JINKINS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 325 Cunningham Street		<b>Transaction ID: SA11A1.37559</b>	
City State Zip Code Maryville TN 37803		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation American			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. PETER JORGENSEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 634 IANA ST.		<b>Transaction ID: SA11A1.37458</b>	
City State Zip Code KAILUA HI 96734		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MAERSK LINE LTD 2nd Mate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES KELLBERG</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 1532 S.E. Royal Green Cir. apt.0-102		<b>Transaction ID: SA11A1.37426</b>	
City State Zip Code Port St. Licie FL 34952		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 57
	<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"/>	<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 KELLEY

Mailing Address 28 DEER RUN

City N. YARMOUTH State ME Zip Code 04097

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

Name of Employer SEALIFT CHEMICALS, INC. Occupation Chief Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 17 / 2006

Transaction ID: SA11A1.37358

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD KING

Mailing Address 465 ROSEWOOD DR

City EAST ALTON State IL Zip Code 62024

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 / 31 / 2006

Transaction ID: SA11A1.37554

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
BERTON KNOX

Mailing Address 365 VICARS ROAD

City BELLEVUE State TX Zip Code 76228

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

Name of Employer WILSON SHIPPING CO. INC. Occupation 1st Asst Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 24 / 2006

Transaction ID: SA11A1.37504

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 57
	<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 KOONTZ

Mailing Address 802 Holly Avenue

City State Zip Code  
LeMoore CA 93245

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  
03 / 24 / 2006

Transaction ID: SA11A1.37437

Amount of Each Receipt this Period  
400.00

**B.** 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  
03 / 24 / 2006

Transaction ID: SA11A1.37466

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL LARKINS

Mailing Address 7863 Bridgetown Road

City State Zip Code  
Cleves OH 45002

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  
03 / 24 / 2006

Transaction ID: SA11A1.37472

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 57
	<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)  
MATTHEW LARSON

Mailing Address 534 HUNTON LANE

City State Zip Code  
LANCASTER VA 22503

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

Name of Employer Occupation  
OCEAN SHIPS, INC. 3rd Mate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.37343

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN LEONARD

Mailing Address 293 ROYAL ROAD

City State Zip Code  
POWNAL ME 04069

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

Name of Employer Occupation  
OCEAN SHIPS INC 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  
03 / 03 / 2006

Transaction ID: SA11A1.37192

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN MANSFIELD

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  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.37491

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. KENNETH MARCELLE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 970 JEFFERSON PLACE		<b>Transaction ID: SA11A1.37424</b>
City State Zip Code STURGEON BAY WI 54235	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. FLORIN MARINESCU</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 21 AUDREY AVE		<b>Transaction ID: SA11A1.37435</b>
City State Zip Code ELMONT NY 11003	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MAERSK LINE LTD	Occupation Chief Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. PHILIP MATTEO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 13150 BENSON		<b>Transaction ID: SA11A1.37384</b>
City State Zip Code OVERLAND PARK KS 66213	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer INTREPID PERSONNEL & PROVISIONING	Occupation Master	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM MC CLUSKY JR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 136 TURNBERRY WAY		<b>Transaction ID: SA11A1.37396</b>	
City State Zip Code SAN ANTONIO TX 78230	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MAERSK LINE LTD	Occupation 2nd Mate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. EARL MORRILL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 16 BOW STREET		<b>Transaction ID: SA11A1.37432</b>	
City State Zip Code NORTHWOOD NH 03261	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN MULDERIG</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 236 OCEAN AVE		<b>Transaction ID: SA11A1.37187</b>	
City State Zip Code MARBLEHEAD MA 01945	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. CHARLES MURDOCK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 2477 King Point Dr.		<b>Transaction ID: SA11A1.37256</b>	
City State Zip Code Dunwoody GA 30338		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INTREPID PERSONNEL & PROVISIONING		Occupation 2nd Mate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. PATRICK MURPHY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address PO BOX 971		<b>Transaction ID: SA11A1.37301</b>	
City State Zip Code RENO NV 89504		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DYN MARINE SERVICES DIV.		Occupation Master	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. GARY NEWBEGIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address RR #1 BOX 5060		<b>Transaction ID: SA11A1.37512</b>	
City State Zip Code SEDGWICK ME 04676		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MAERSK LINE LTD.		Occupation CHIEF ENGINEER DIESEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 57
	(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)  
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 ▼  
308.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2006

Transaction ID: SA11A1.37511

Amount of Each Receipt this Period  
308.00

**B.** Full Name (Last, First, Middle Initial)  
EDWARD PILLERT

Mailing Address 46-049 ALIIANELLA  
PL. #1722

City State Zip Code  
KANEHOE HI 96744

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  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.37451

Amount of Each Receipt this Period  
400.00

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

Mailing Address 935 OCEAN BLVD.

City State Zip Code  
HAMPTON NH 03842

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

Name of Employer Occupation  
INTEROCEAN UGLAND MGMT. 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  
03 / 17 / 2006

Transaction ID: SA11A1.37346

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	908.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. BRIAN QUAST</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 7631 NE HIGHWAY 99 #212		<b>Transaction ID: SA11A1.37571</b>	
City State Zip Code VANCOUVER WA 98665	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN OVERSEAS MARINE CORP	Occupation 2ND ENGINEER DIESEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM RAPONE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 5804 MICHAEL DR		<b>Transaction ID: SA11A1.37544</b>	
City State Zip Code BENSALEM PA 19020	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL REILLY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 7 RIUNITE RD		<b>Transaction ID: SA11A1.37291</b>	
City State Zip Code SETAUKET NY 11733	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AMERICAN OVERSEAS MARINE	Occupation Chief Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 57
	<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)  
JOHN RISKO

Mailing Address 23214 S.E. 222ND. STREET

City State Zip Code  
MAPLE VALLEY WA 98038

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  
03 / 03 / 2006

Transaction ID: SA11A1.37254

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFERY SANDERS

Mailing Address 12120 Pawleys Mills Cir.

City State Zip Code  
Raleigh NC 27614

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

Name of Employer TRANSOCEANIC CABLE SHIP  
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  
03 / 10 / 2006

Transaction ID: SA11A1.37326

Amount of Each Receipt this Period  
400.00

**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 TRANSOCEANIC CABLE SHIP  
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  
03 / 24 / 2006

Transaction ID: SA11A1.37452

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 57
	<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)  
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  
MM / DD / YYYY  
03 / 03 / 2006

Transaction ID: SA11A1.37238

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
GREGORY STUART

Mailing Address 101425 Overseas Hwy. Suite 708

City Key Largo State FL Zip Code 33037

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

Name of Employer AMERICAN OVERSEAS MARINE Occupation Chief Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: SA11A1.37541

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
DERIK STUBINSKI

Mailing Address 4 TALL PINES DR.

City SACO State ME Zip Code 04072

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

Name of Employer AMERICAN OVERSEAS MARINE CORP Occupation 3RD ENGINEER STEAM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: SA11A1.37507

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 57
	<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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address P.O. BOX 1296		<b>Transaction ID: SA11A1.37502</b>	
City State Zip Code GALVESTON TX 77553		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation OCEAN SHIPHOLDINGS, INC. Master			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. BRUCE VAUGHAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3382 L BENIOIT RD LOT 15		<b>Transaction ID: SA11A1.37236</b>	
City State Zip Code LAKE CHARLES LA 70605		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

Full Name (Last, First, Middle Initial) <b>C. AUGUST WATSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 624 WEST WALNUT ST		<b>Transaction ID: SA11A1.37248</b>	
City State Zip Code TITUSVILLE PA 16354		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 57
	<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)  
ROBERT WATTAM

Mailing Address USNS ANTARES BERTH2  
PIERHEAD WAY BLOUNT

City State Zip Code  
ISL JACKSONVILLE FL 32226

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  
03 / 10 / 2006

Transaction ID: SA11A1.37341

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
DAVID WHITE

Mailing Address Box 307

City State Zip Code  
Horseshoe Beach FL 32648

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

Name of Employer Occupation  
USS TRANSPORT LLC CHIEF OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.37190

Amount of Each Receipt this Period  
300.00

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

Mailing Address 7439 JOSEPH LEWIS  
RD.

City State Zip Code  
HAYES VA 23072

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.37280

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 57
	(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

Full Name (Last, First, Middle Initial) <b>A. THOMAS WICKERSHAM</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 240 W. HURON		<b>Transaction ID: SA11A1.37235</b>	
City State Zip Code ROGERS CITY MI 49779	Amount of Each Receipt this Period 324.00		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 324.00		
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) ▼			

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY WILHITE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 7 THUNDERBIRD		<b>Transaction ID: SA11A1.37419</b>	
City State Zip Code CONROE TX 77304	Amount of Each Receipt this Period 336.00		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 336.00		
Name of Employer SEABULK TANKERS, INC.	Occupation Chief Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	660.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	28067.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 57
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" 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)  
HASTERT FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 625 15 E. Wilson St.  
PO BOX 625

City State Zip Code  
Batavia IL 60510

FEC ID number of contributing federal political committee. **C** C00208090

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: SA15.37599

Amount of Each Receipt this Period  
1500.00

Refund of contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1500.00

**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 32 / 57

<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

Full Name (Last, First, Middle Initial) <b>A. ABERCROMBIE FOR CONGRESS</b>		Transaction ID: SB23.37124 Date of Disbursement
Mailing Address 1357 KAPIOLANI BLVD SUITE 1005 % MCCARTHY		<input type="text" value="03"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City HONOLULU	State HI	Zip Code 96814
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District: 01	

Full Name (Last, First, Middle Initial) <b>B. AKAKA IN 2006</b>		Transaction ID: SB23.37121 Date of Disbursement
Mailing Address C/O 904 NANA HONUA STREET		<input type="text" value="03"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City HONOLULU	State HI	Zip Code 96825
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District: 00	

Full Name (Last, First, Middle Initial) <b>C. AKAKA IN 2006</b>		Transaction ID: SB23.37123 Date of Disbursement
Mailing Address C/O 904 NANA HONUA STREET		<input type="text" value="03"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City HONOLULU	State HI	Zip Code 96825
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10500.00"/>
<b>TOTAL</b> 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)

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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

Full Name (Last, First, Middle Initial) <b>A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.37167
Mailing Address PO BOX 1343		Date of Disbursement MM / DD / YYYY 03 / 31 / 2006
City FAIRMONT	State WV	Zip Code 26555
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 01		

Full Name (Last, First, Middle Initial) <b>B. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSNL CMTE</b>		<b>Transaction ID:</b> SB23.37128
Mailing Address P.O. Box 1242		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City Tucson	State AZ	Zip Code 85702
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 7		

Full Name (Last, First, Middle Initial) <b>C. BARNEY FRANK FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.37147
Mailing Address P O BOX 260		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
City NEWTONVILLE	State MA	Zip Code 02460
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. BILL NELSON FOR U S SENATE</b>		Transaction ID: SB23.37138 Date of Disbursement																					
Mailing Address 500 RED SAIL WAY		<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
City SATELITE BEACH	State FL	Zip Code 32937	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL	District: 00																						

Full Name (Last, First, Middle Initial) <b>B. CAPUANO FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.37092 Date of Disbursement																					
Mailing Address PO BOX 440305		<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MA	District: 08																						

Full Name (Last, First, Middle Initial) <b>C. CARPER FOR SENATE</b>		Transaction ID: SB23.37143 Date of Disbursement																					
Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR		<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
City NEW CASTLE	State DE	Zip Code 19720	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	2500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: DE	District: 00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CHARLES TAYLOR FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.37110</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 22 SOUTH PACK SQUARE SUITE 201 PO BOX 2355		Amount of Each Disbursement this Period 1000.00
City ASHEVILLE State NC Zip Code 28801	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR TOM PETRI</b>		<b>Transaction ID: SB23.37149</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 270		Amount of Each Disbursement this Period 1000.00
City Fond du Lac State WI Zip Code 54936	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS TO ELECT RICK LARSEN</b>		<b>Transaction ID: SB23.37148</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO BOX 326		Amount of Each Disbursement this Period 1000.00
City EVERETT State WA Zip Code 98206	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. COBLE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.37141 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 1177 PO Box 1177		Amount of Each Disbursement this Period 1000.00
City Greensboro State NC Zip Code 27402		
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 06		

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ</b>		<b>Transaction ID:</b> SB23.37158 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 S GLENOAKS BLVD., #208		Amount of Each Disbursement this Period 1000.00
City BURBANK State CA Zip Code 91502		
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 47		

Full Name (Last, First, Middle Initial) <b>C. CONGRESSMAN BART GORDON COMMITTEE</b>		<b>Transaction ID:</b> SB23.37094 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P O BOX 2008		Amount of Each Disbursement this Period 1000.00
City MURFREESBORO State TN Zip Code 37133		
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</b>		<b>Transaction ID: SB23.37155</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 1631		Amount of Each Disbursement this Period 1000.00
City BALTIMORE State MD Zip Code 21203	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FEINSTEIN FOR SENATE</b>		<b>Transaction ID: SB23.37166</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 601 S. GLENOAKS BLVD., SUITE 208		Amount of Each Disbursement this Period 1000.00
City BURBANK State CA Zip Code 91502	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BUD CRAMER</b>		<b>Transaction ID: SB23.37162</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address POB BOX 2621		Amount of Each Disbursement this Period 1000.00
City HUNTSVILLE State AL Zip Code 35801	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CAROLYN MCCARTHY</b>		<b>Transaction ID: SB23.37112</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 151 LINDEN ROAD		Amount of Each Disbursement this Period 1000.00
City MINEOLA State NY Zip Code 11501	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CONGRESS. GEORGE MILLER</b>		<b>Transaction ID: SB23.37139</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO BOX 5864		Amount of Each Disbursement this Period 1000.00
City CONCORD State CA Zip Code 94524	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CORRINE BROWN</b>		<b>Transaction ID: SB23.37093</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 3109 RIVER BEND COURT, D-102		Amount of Each Disbursement this Period 1000.00
City LAUREL State MD Zip Code 20724	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DON SHERWOOD</b>		Transaction ID: SB23.37173 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 81 WARREN STREET		Amount of Each Disbursement this Period 1000.00
City TUNKHANNOCK State PA Zip Code 18657	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM CLYBURN</b>		Transaction ID: SB23.37142 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM OBERSTAR</b>		Transaction ID: SB23.37120 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO BOX 465		Amount of Each Disbursement this Period 1000.00
City DULUTH State MN Zip Code 55802	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM SAXTON</b>		Transaction ID: SB23.37097 Date of Disbursement 03 / 10 / 2006
Mailing Address PO BOX 795		Amount of Each Disbursement this Period 1000.00
City MOUNT HOLLY State NJ Zip Code 08060	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM SAXTON</b>		Transaction ID: SB23.37160 Date of Disbursement 03 / 31 / 2006
Mailing Address PO BOX 795		Amount of Each Disbursement this Period 1000.00
City MOUNT HOLLY State NJ Zip Code 08060	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOE PITTS</b>		Transaction ID: SB23.37169 Date of Disbursement 03 / 31 / 2006
Mailing Address PO BOX 775		Amount of Each Disbursement this Period 1000.00
City UNIONVILLE State PA Zip Code 19375	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOHN BOEHNER</b>		<b>Transaction ID: SB23.37099</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 7908-I CINCINNATI DAYTON ROAD		Amount of Each Disbursement this Period 5000.00
City WEST CHESTER State OH Zip Code 45069	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN SWEENEY</b>		<b>Transaction ID: SB23.37171</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1901 SE 35 PLACE		Amount of Each Disbursement this Period 1000.00
City PORTLAND State OR Zip Code 97214	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAURICE HINCHEY</b>		<b>Transaction ID: SB23.37108</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 4497		Amount of Each Disbursement this Period 1000.00
City Kingston State NY Zip Code 12402	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 57

<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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF RAY LAHOOD</b>		Transaction ID: SB23.37101 Date of Disbursement																					
Mailing Address 4238 N KNOXVILLE AVE		<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City PEORIA	State IL	Zip Code 61614	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 18																						

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SHERROD BROWN</b>		Transaction ID: SB23.37145 Date of Disbursement																					
Mailing Address 2280 KRESGE DRIVE Suite 800		<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
City AMHERST	State OH	Zip Code 44001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 13																						

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SHERROD BROWN</b>		Transaction ID: SB23.37177 Date of Disbursement																					
Mailing Address 2280 KRESGE DRIVE Suite 800		<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
City AMHERST	State OH	Zip Code 44001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 13																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF WEINER</b>		<b>Transaction ID:</b> SB23.37129 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1 Ascan Avenue suite 31		Amount of Each Disbursement this Period 1000.00
City forest hills State NY Zip Code 11375	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ZACH WAMP</b>		<b>Transaction ID:</b> SB23.37133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 200		Amount of Each Disbursement this Period 1000.00
City Chattanooga State TN Zip Code 37422	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FUTURE LEADERS PAC</b>		<b>Transaction ID:</b> SB23.37153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1155 21ST ST NW SUITE 300		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Contribution Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. GARY MILLER FOR CONGRESS</b>		<b>Transaction ID: SB23.37170</b> Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
Mailing Address 721 S BREA CANYON ROAD SUITE 7		Amount of Each Disbursement this Period 500.00	
City DIAMOND BAR	State CA		Zip Code 91789
Purpose of Disbursement Contribution			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 42			

Full Name (Last, First, Middle Initial) <b>B. GUTKNECHT FOR U S CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.37106</b> Date of Disbursement MM / DD / YYYY 03 / 10 / 2006	
Mailing Address PO BOX 6428		Amount of Each Disbursement this Period 1000.00	
City ROCHESTER	State MN		Zip Code 55903
Purpose of Disbursement Contribution			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 01			

Full Name (Last, First, Middle Initial) <b>C. HOBSON FOR CONGRESS</b>		<b>Transaction ID: SB23.37104</b> Date of Disbursement MM / DD / YYYY 03 / 10 / 2006	
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 1000.00	
City Springfield	State OH		Zip Code 45503
Purpose of Disbursement Contribution			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. IKE SKELTON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.37151</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. BOX A		Amount of Each Disbursement this Period 1000.00
City HARRISONVILLE State MO Zip Code 64701	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 1000 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. JESSE JACKSON JR FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.37118</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 7016 S. Euclid Avenue		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60649	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. JO ANN DAVIS FOR CONGRESS</b>		<b>Transaction ID: SB23.37154</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address POST OFFICE BOX 1834		Amount of Each Disbursement this Period 1000.00
City YORKTOWN State VA Zip Code 23692	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 57

<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

Full Name (Last, First, Middle Initial) <b>A. JOHN D. DINGELL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.37100 Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 15	

Full Name (Last, First, Middle Initial) <b>B. JOHN LEWIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.37135 Date of Disbursement
Mailing Address 1520 PINEHURST DR SW		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City ATLANTA	State GA	Zip Code 30311
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 05	

Full Name (Last, First, Middle Initial) <b>C. JOHN SALAZAR FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.37114 Date of Disbursement
Mailing Address P.O. Box 534		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Pueblo	State CO	Zip Code 81002
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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)

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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

Full Name (Last, First, Middle Initial) <b>A. JOHN T DOOLITTLE FOR CONGRESS</b>		<b>Transaction ID: SB23.37127</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 400 CAPITOL MALL SUITE 1560		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95814	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. KAPTUR FOR CONGRESS</b>		<b>Transaction ID: SB23.37102</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 899		Amount of Each Disbursement this Period 1000.00
City Toledo State OH Zip Code 43697	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. KEN CALVERT FOR CONGRESS</b>		<b>Transaction ID: SB23.37137</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO BOX 20123		Amount of Each Disbursement this Period 1000.00
City RIVERSIDE State CA Zip Code 92516	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 57

<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

Full Name (Last, First, Middle Initial) <b>A. LATOURETTE FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.37168</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 320 Kenarden Dr.		Amount of Each Disbursement this Period 1000.00
City Highland Hts. State OH Zip Code 44143	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LUCILLE ROYBAL-ALLARD FOR CONGRESS</b>		<b>Transaction ID: SB23.37109</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 601 S. Glenoaks Bl #211		Amount of Each Disbursement this Period 1000.00
City Burbank State CA Zip Code 91502	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MARK UDALL FOR CONGRESS</b>		<b>Transaction ID: SB23.37117</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 8690 Wolff Court #200 8690 Wolff Court #200		Amount of Each Disbursement this Period 1000.00
City Westminster State CO Zip Code 80031	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 57

<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

Full Name (Last, First, Middle Initial) <b>A. MCCRERY FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.37119 Date of Disbursement																				
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	0		2	0	0	6													
City Shreveport	State LA	Zip Code 71135																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																			
2000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: LA	District: 4																					

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Transaction ID: SB23.37125 Date of Disbursement																				
Mailing Address 320 FIRST STREET		<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>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	7		2	0	0	6													
City WASHINGTON	State DC	Zip Code 20003																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>7500.00</td></tr></table>	7500.00																			
7500.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State:	District:																					

Full Name (Last, First, Middle Initial) <b>C. NITA LOWEY FOR CONGRESS</b>		Transaction ID: SB23.37105 Date of Disbursement																				
Mailing Address PO Box 271		<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	0		2	0	0	6													
City White Plains	State NY	Zip Code 10605																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: NY	District: 18																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>10500.00</td></tr></table>	10500.00
10500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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

Full Name (Last, First, Middle Initial) <b>A. NORWOOD FOR CONGRESS</b>		Transaction ID: SB23.37096 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 499 PO BOX 499		Amount of Each Disbursement this Period 1000.00
City Evans State GA Zip Code 30809	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. PASTOR FOR ARIZONA</b>		Transaction ID: SB23.37165 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 6554		Amount of Each Disbursement this Period 1000.00
City PHOENIX State AZ Zip Code 85005	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. PENNSYLVANIANS FOR KANJORSKI</b>		Transaction ID: SB23.37157 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 103 South Hanover Street		Amount of Each Disbursement this Period 1000.00
City Nanticoke State PA Zip Code 18634	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

**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

Full Name (Last, First, Middle Initial) <b>A. PEOPLE FOR ENGLISH</b>		Transaction ID: SB23.37111 Date of Disbursement																					
Mailing Address PO BOX 1940		<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City ERIE	State PA	Zip Code 16507	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 21																						

Full Name (Last, First, Middle Initial) <b>B. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</b>		Transaction ID: SB23.37107 Date of Disbursement																					
Mailing Address PO BOX 3662		<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City SEATTLE	State WA	Zip Code 98199	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
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: WA	District: 00																						

Full Name (Last, First, Middle Initial) <b>C. PORTER FOR CONGRESS</b>		Transaction ID: SB23.37126 Date of Disbursement																					
Mailing Address PO Box 26087		<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
City Las Vegas	State NV	Zip Code 89126	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NV	District: 3																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. PRYCE FOR CONGRESS</b>		Transaction ID: SB23.37150 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 145 E RICH STREET		Amount of Each Disbursement this Period 1000.00
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. RICH POLITICAL ACTION COMMITTEE</b>		Transaction ID: SB23.37113 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. ROAD TO VICTORY POLITICAL ACTION COMMITTEE</b>		Transaction ID: SB23.37175 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Contribution Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ROS-LEHTINEN FOR CONGRESS</b>		<b>Transaction ID: SB23.37140</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P O Box 52-2784		Amount of Each Disbursement this Period 1000.00
City MIAMI State FL Zip Code 33152	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. SANTORUM 2006</b>		<b>Transaction ID: SB23.37144</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address ONE TOWER BRIDGE SUITE 1440		Amount of Each Disbursement this Period 1000.00
City WEST CONSHOHOCKEN State PA Zip Code 19428	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. SCHWARZ FOR CONGRESS</b>		<b>Transaction ID: SB23.37159</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address POST OFFICE BOX 2063		Amount of Each Disbursement this Period 1000.00
City BATTLE CREEK State MI Zip Code 49016	Purpose of Disbursement contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. SIMPSON FOR CONGRESS</b>		Transaction ID: SB23.37103 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1487 PARKWAY DRIVE		Amount of Each Disbursement this Period 1000.00
City BLACKFOOT State ID Zip Code 83221	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SPRATT FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.37115 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO BOX 830		Amount of Each Disbursement this Period 1000.00
City YORK State SC Zip Code 29745	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SPRATT FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.37161 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 830		Amount of Each Disbursement this Period 1000.00
City YORK State SC Zip Code 29745	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 57

<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

Full Name (Last, First, Middle Initial) <b>A. STEVE ROTHMAN FOR CONGRESS</b>		Transaction ID: SB23.37136 Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
Mailing Address PO BOX 714		Amount of Each Disbursement this Period 1000.00
City HACKENSACK	State NJ Zip Code 07602	
Purpose of Disbursement Contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 09		

Full Name (Last, First, Middle Initial) <b>B. SUE KELLY FOR CONGRESS</b>		Transaction ID: SB23.37131 Date of Disbursement MM / DD / YYYY 03 / 24 / 2006
Mailing Address PO BOX 599		Amount of Each Disbursement this Period 1000.00
City KATONAH	State NY Zip Code 10536	
Purpose of Disbursement Contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) <b>C. TIM RYAN FOR CONGRESS</b>		Transaction ID: SB23.37095 Date of Disbursement MM / DD / YYYY 03 / 10 / 2006
Mailing Address 438 North Rhodes Ave.		Amount of Each Disbursement this Period 1000.00
City Niles	State OH Zip Code 44446	
Purpose of Disbursement Contribution Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 57

<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

Full Name (Last, First, Middle Initial)

**A. WALLY HERGER FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1500

City CHICO State CA Zip Code 95927

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Transaction ID: SB23.37174

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WALTER JONES COMMITTEE 2006**

Mailing Address PO BOX 99667

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NC District: 3

Transaction ID: SB23.37098

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

94000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Maritime Officers Voluntary Political Action Fund

Full Name (Last, First, Middle Initial)

**A.** Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement  
Delivery service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.37597

Date of Disbursement

/   /

Amount of Each Disbursement this Period

59.87

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

59.87

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

59.87