

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5C MAIL CENTER

SAILORS' UNION OF THE PACIFIC POLITICAL FUND

ADDRESS (number and street)

450 HARRISON STREET

Check if different than previously reported. (ACC)

SAN FRANCISCO

CA

94105

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00011338

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2014

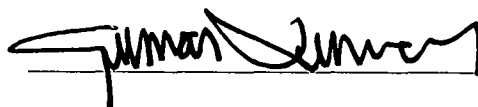
through

MM / DD / YYYY  
09 / 30 / 2014

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 GUNNAR LUNDEBERG

Signature of Treasurer



Date

MM / DD / YYYY  
10 / 14 / 2014

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

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		22,110.08
(b) Cash on Hand at Beginning of Reporting Period.....	14,868.33	
(c) Total Receipts (from Line 19).....	3,020.00	9,895.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17,888.33	32,005.08
7. Total Disbursements (from Line 31).....	13,500.00	27,616.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,388.33	4,388.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2014 To: MM / DD / YYYY 09 / 30 / 2014

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	550.00	1,400.00
(ii) Unitemized.....	2,470.00	8,495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,020.00	9,895.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,020.00	9,895.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,020.00	9,895.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,020.00	9,895.00



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**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) .....	3,020.00	9,895.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,020.00	9,895.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

LAWRENCE : NUN : W0151



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <b>2</b> OF <b>2</b>					
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>A. LUNDEBERG, GUNNAR</b>		Date of Receipt <b>09 / 15 / 2014</b>
Mailing Address <b>2245 18TH STREET</b>		Amount of Each Receipt this Period <b>150.00</b>
City <b>SAN FRANCISCO</b>	State Zip Code <b>CA 94107</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>400.00</b>
Name of Employer <b>SAILORS UNION OF THE PACIFIC</b>	Occupation <b>PRESIDENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. O'HALLORAN, VINCE</b>		Date of Receipt <b>09 / 04 / 2014</b>
Mailing Address <b>6058 5TH AVE., NE</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>SEATTLE</b>	State Zip Code <b>WA 98115</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>200.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>450.00</b>

UNIVERSITY MICROFILMS

**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	OF
	<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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>ABERCROMBIE FOR GOVERNOR</b>		Date of Disbursement MM / DD / YYYY <b>08 / 06 / 2014</b>		
Mailing Address <b>810 RICHARDS STREET, SUITE 502</b>		Amount of Each Disbursement this Period <b>1,000.00</b>		
City <b>HONOLULU</b>	State <b>HI</b>			Zip Code <b>96813</b>
Purpose of Disbursement		Category/Type <b>0.1.1</b>		
Candidate Name <b>NEIL ABERCROMBIE</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1,000.00</b>

DUPLICATE - ORIGINAL



**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 1 OF 6					
<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)  
**SAILORS' UNION OF THE PACIFIC**

**A.** Full Name (Last, First, Middle Initial)  
**ALASKANS FOR BEGICH**

Date of Disbursement: 09 / 30 / 2014

Mailing Address: 1231 W. NORTHERN LIGHTS #605

City: ANCHORAGE State: AK Zip Code: 99503

Purpose of Disbursement:  0-1-1 Category/Type

Candidate Name: **MARK BEGICH**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: AK District: \_\_\_\_\_

Amount of Each Disbursement this Period: 1,000.00

**B.** Full Name (Last, First, Middle Initial)  
**JULIA BROWNLEY FOR CONGRESS**

Date of Disbursement: 08 / 13 / 2014

Mailing Address: PO BOX 2018

City: THOUSAND OAKS State: CA Zip Code: 91358

Purpose of Disbursement:  0-1-1 Category/Type

Candidate Name: **JULIA BROWNLEY**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 26TH

Amount of Each Disbursement this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**CUMMINGS FOR CONGRESS**

Date of Disbursement: 08 / 13 / 2014

Mailing Address: 2901 DRUID PARK DRIVE SUITE 203

City: BALTIMORE State: MD Zip Code: 21215

Purpose of Disbursement:  0-1-1 Category/Type

Candidate Name: **ELIJAH E. CUMMINGS**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: MD District: 7TH

Amount of Each Disbursement this Period: 500.00

**SUBTOTAL** of Disbursements This Page (optional)..... 2,000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 2 OF 6		
	<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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>A. GARAMENDI FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY <b>09 / 23 / 2014</b>
Mailing Address <b>PO BOX 440</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>WALNUT GROVE CA</b>	State <b>CA</b>	
Zip Code <b>95690</b>		Candidate Name <b>JOHN GARAMENDI</b> Category/Type <b>0-1-1</b>
Purpose of Disbursement		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: <b>CA</b> District: <b>3RD</b>

Full Name (Last, First, Middle Initial) <b>B. MIKE HONDA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY <b>09 / 15 / 2014</b>
Mailing Address <b>E. SAN CARLOS STREET, #531</b>		Amount of Each Disbursement this Period <b>2,000.00</b>
City <b>SAN JOSE CA</b>	State <b>CA</b>	
Zip Code <b>95112</b>		Candidate Name <b>MIKE HONDA</b> Category/Type <b>0-1-1</b>
Purpose of Disbursement		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: <b>CA</b> District: <b>17TH</b>

Full Name (Last, First, Middle Initial) <b>C. DUNCAN HUNTER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY <b>08 / 13 / 2014</b>
Mailing Address <b>PO BPX 1545</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>EL CAJON CA</b>	State <b>CA</b>	
Zip Code <b>92022</b>		Candidate Name <b>DUNCAN HUNTER</b> Category/Type <b>0 1 1</b>
Purpose of Disbursement		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: <b>CA</b> District: <b>50TH</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>3,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

COUNTY OF SAN DIEGO

**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 3 OF 6
	<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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

Full Name (Last, First, Middle Initial) <b>FRIENDS OF MARY LANDRIEU</b>		Date of Disbursement MM / DD / YYYY <b>09 / 18 / 2014</b>
Mailing Address <b>PO BOX 50098</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>NEW ORLEANS</b>	State <b>LA</b>	
Zip Code <b>70150</b>		Category/ Type <b>0 1 1</b>
Purpose of Disbursement		
Candidate Name <b>MARY LANDRIEU</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>LA</b> District:	

Full Name (Last, First, Middle Initial) <b>CITIZENS TO RE-ELECT RICK LARSEN</b>		Date of Disbursement MM / DD / YYYY <b>08 / 13 / 2014</b>
Mailing Address <b>PO BOX 326</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>EVERETT</b>	State <b>WA</b>	
Zip Code <b>98206</b>		Category/ Type <b>0 1 1</b>
Purpose of Disbursement		
Candidate Name <b>RICK LARSEN</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WA</b> District: <b>2ND</b>	

Full Name (Last, First, Middle Initial) <b>CITIZENS TO RE-ELECT ZOE LOFGREN</b>		Date of Disbursement MM / DD / YYYY <b>08 / 13 / 2014</b>
Mailing Address <b>PO BOX 913</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>SAN JOSE</b>	State <b>CA</b>	
Zip Code <b>95113</b>		Category/ Type <b>0 1 1</b>
Purpose of Disbursement		
Candidate Name <b>ZOE LOFGREN</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CA</b> District: <b>19TH</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>2,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SAILORS' UNION OF THE PACIFIC POLITICAL FUND

Full Name (Last, First, Middle Initial)

<p><b>A.</b></p> <p><u>FRIENDS OF JIM MCDERMOTT</u></p> <p>Mailing Address <u>PO BOX 21786</u></p> <p>City <u>SEATTLE</u> State <u>WA</u> Zip Code <u>98111</u></p> <p>Purpose of Disbursement</p> <p>Candidate Name <u>JIM MCDERMOTT</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <u>WA</u> District: <u>7TH</u></p>		<p>Date of Disbursement</p> <p><u>08</u> / <u>13</u> / <u>2014</u></p> <p>Amount of Each Disbursement this Period</p> <p><u>0.11</u> Category/ Type</p> <p><u>500.00</u></p>
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<p><b>B.</b></p> <p><u>COMMITTEE TO RE-ELECT LINDA SANZHEZ</u></p> <p>Mailing Address <u>PO BOX 6162</u></p> <p>City <u>LAKWOOD</u> State <u>CA</u> Zip Code <u>97014</u></p> <p>Purpose of Disbursement</p> <p>Candidate Name <u>LINDA SANZHEZ</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <u>CA</u> District: <u>38TH</u></p>		<p>Date of Disbursement</p> <p><u>08</u> / <u>13</u> / <u>2014</u></p> <p>Amount of Each Disbursement this Period</p> <p><u>011</u> Category/ Type</p> <p><u>500.00</u></p>
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<p><b>C.</b></p> <p><u>SCHATZ FOR SENATE</u></p> <p>Mailing Address <u>PO BOX 3828</u></p> <p>City <u>HONOLULU</u> State <u>HI</u> Zip Code <u>96812</u></p> <p>Purpose of Disbursement</p> <p>Candidate Name <u>BRIAN SCHATZ</u></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <u>HI</u> District:</p>		<p>Date of Disbursement</p> <p><u>09</u> / <u>30</u> / <u>2014</u></p> <p>Amount of Each Disbursement this Period</p> <p><u>011</u> Category/ Type</p> <p><u>1,000.00</u></p>
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SUBTOTAL of Disbursements This Page (optional).....▶

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

<u>2,000.00</u>
<u>2,000.00</u>



**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 6 OF 6
	<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)  
**SAILORS' UNION OF THE PACIFIC POLITICAL FUND**

**A.**

Full Name (Last, First, Middle Initial)  
MARK TAKAI FOR CONGRESS

Mailing Address  
PO BOX 2267

City PEARL CITY State HI Zip Code 96782

Purpose of Disbursement

Candidate Name  
MARK TAKAI

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: HI District: 33RD

Date of Disbursement  
MM / DD / YYYY  
09 / 30 / 2014

Amount of Each Disbursement this Period  
Category/Type: 011  
Amount: 1,000.00

**B.**

Full Name (Last, First, Middle Initial)  
TULSI FOR HAWAII

Mailing Address  
PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement

Candidate Name  
TULSI GABBARD

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: HI District: 2ND

Date of Disbursement  
MM / DD / YYYY  
09 / 30 / 2014

Amount of Each Disbursement this Period  
Category/Type: 011  
Amount: 500.00

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period  
Category/Type:  
Amount:

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1,500.00

**TOTAL** This Period (last page this line number only).....▶ 12,500.00

2014-11-11 11:11:11



7014 0510 0002 3661 6475



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10/20/2014

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