

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2008 through 03 31 2008

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 16 2008

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  
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	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		5867.27
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	66868.52									
(c) Total Receipts (from Line 19) .....	46452.00	166884.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	113320.52	172751.82								
7. Total Disbursements (from Line 31) .....	27500.00	86931.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	85820.52	85820.52								
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	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	14321.00	58496.00
(i) Itemized (use Schedule A) .....	32131.00	108166.00
(ii) Unitemized .....	46452.00	166662.00
(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) .....	46452.00	166662.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	222.55
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	46452.00	166884.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46452.00	166884.55

**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)	0.00	0.00
(i) Federal Share.....		
(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	222.55
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	27500.00	86500.00
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	100.00
(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	100.00
29. Other Disbursements.....	0.00	108.75
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))..	27500.00	86931.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27500.00	86931.30

**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 .....	46452.00	166662.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46452.00	166562.00
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) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL P BENSONI		Date of Receipt	
	Mailing Address 7270 HIGHWAY 8		M M / D D / Y Y Y Y Y 03 / 24 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.47463
	SAGINAW	MN	55779	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		247.00	
Name of Employer BELL STEAMSHIP CO.		Occupation 1st Mate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		247.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) WALTER Z BOYCHUK		Date of Receipt	
	Mailing Address 82 CUTLER ST		M M / D D / Y Y Y Y Y 03 / 05 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.47036
	STONINGTON	CT	06378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		200.00	
Name of Employer AMERICAN OVERSEAS MARINE		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>C.</b>	Full Name (Last, First, Middle Initial) PATRICK J BRANGAN		Date of Receipt	
	Mailing Address 60 PATTISON ST B-12		M M / D D / Y Y Y Y Y 03 / 10 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.47091
	ABINGTON	MA	02351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		400.00	
Name of Employer AMERICAN OVERSEAS MARINE		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) .....	<b>847.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
JOSEPH J BRAUN

Mailing Address 10151 UNIVERSITY BLVD, #286

City State Zip Code  
ORLANDO FL 32817

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

Name of Employer Occupation  
SEALIFT, INC. 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 / 12 / 2008

Transaction ID: SA11AI.47270

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)  
MERRICK P BROW

Mailing Address 2269 CALKINS AVE

City State Zip Code  
IDAHO FALLS ID 83402

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

Name of Employer Occupation  
OSPREY SHIP MGMT, INC. 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 / 10 / 2008

Transaction ID: SA11AI.47186

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
DAVID B CENTOFANTI

Mailing Address 17 MARLBOROUGH ROAD

City State Zip Code  
WALTHAM MA 02452

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

Name of Employer Occupation  
AMERICAN OVERSEAS MARINE Chief Mate

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2008

Transaction ID: SA11AI.47489

Amount of Each Receipt this Period

250.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
THOMAS J CONLON

Mailing Address 1 STANLEY AVE

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer: INTREPID PERSONNEL & PROVISIONING  
Occupation: Master

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt: 03 / 20 / 2008  
**Transaction ID: SA11AI.47419**  
 Amount of Each Receipt this Period: 400.00

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

Mailing Address 919 SE BYWOOD AVE

City State Zip Code  
PORT ST. LUCIE FL 34983

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

Name of Employer: INTEROCEAN AMERICAN SHIPPING CORP  
Occupation: 1st Asst Engineer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt: 03 / 20 / 2008  
**Transaction ID: SA11AI.47426**  
 Amount of Each Receipt this Period: 400.00

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

Mailing Address 306 GOLDENEYE CT

City State Zip Code  
HAVRE DE GRACE MD 21078

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

Name of Employer: TRANSOCEANIC CABLE SHIP  
Occupation: Chief Mate

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt: 03 / 18 / 2008  
**Transaction ID: SA11AI.47373**  
 Amount of Each Receipt this Period: 400.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<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) ERICH W DOLL	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 11800 HERRICK LANE	<b>Transaction ID:</b> SA11AI.47338
	City State Zip Code LOUISVILLE KY 40243	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OSPREY SHIP MGMT, INC. 3rd Mate	
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) DAVID L EDDY	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 275 POMEROY LN	<b>Transaction ID:</b> SA11AI.47518
	City State Zip Code AMHERST MA 01002	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN OVERSEAS MARINE Chief Mate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOSEPH FLATLEY	Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address P.O. BOX 2732 CK#204 NSF MONEYORDER ONLY	<b>Transaction ID:</b> SA11AI.47126
	City State Zip Code SEQUIM WA 98382	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TRANSOCEANIC CABLE SHIP 1st Mate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Maritime Officers Voluntary Political Action Fund

**A.**

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

Mailing Address 26591 STILLBROOK DRIVE

City State Zip Code  
WESLEY CHAPEL FL 33543

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

Name of Employer Occupation  
USS TRANSPORT, LLC 2nd 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 Y  
03 / 12 / 2008

**Transaction ID:** SA11AI.47258

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN W HERRINGTON

Mailing Address 119 SASSAFRAS DR

City State Zip Code  
VERMILION OH 44089

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

Name of Employer Occupation  
MITTAL STEEL USA INC FKA ISPAT INLAND Master

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 / 10 / 2008

**Transaction ID:** SA11AI.47224

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
ROMAN W JARMULA

Mailing Address 1800 EAGLE TRACE BLVD

City State Zip Code  
PALM HARBOR FL 34685

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

Name of Employer Occupation  
SEALIFT, INC. 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 Y  
03 / 26 / 2008

**Transaction ID:** SA11AI.47504

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
FRANCIS P JAWORSKI

Mailing Address PMB 259 PPP  
BOX 10000

City SAIPAN, MP State Zip Code 96950

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

Name of Employer AMERICAN OVERSEAS MARINE Occupation 2nd Asst Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 27 / 2008  
Transaction ID: SA11AI.47527  
Amount of Each Receipt this Period: 400.00

**B.**

Full Name (Last, First, Middle Initial)  
JUSTIN KINEEN

Mailing Address 111 Quails Crossing

City Marion State MA Zip Code 02738

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 28 / 2008  
Transaction ID: SA11AI.47543  
Amount of Each Receipt this Period: 100.00

**C.**

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

Mailing Address 2407 ROUTE 9

City HUDSON State NY Zip Code 12534

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

Name of Employer TRANSOCEANIC CABLE SHIP Occupation 1st Mate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 18 / 2008  
Transaction ID: SA11AI.47367  
Amount of Each Receipt this Period: 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 29
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH N KOONTZ		Date of Receipt
	Mailing Address 802 HOLLY AVE.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2008
	City	State	Zip Code
	LEMORE	CA	93245
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.47031
Name of Employer INTEROCEAN AMERICAN SHIPPING CORP		Occupation 3rd Asst Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 400.00

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS M LIEBSCH		Date of Receipt
	Mailing Address 1004 KIMBERLY LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2008
	City	State	Zip Code
	DOWNINGTOWN	PA	19335
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.47478
Name of Employer SEABULK TANKERS, INC.		Occupation Master	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 400.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ADAM J LOWRY		Date of Receipt
	Mailing Address 710 AUGUSTA CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2008
	City	State	Zip Code
	ST. AUGUSTINE	FL	32086
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.47117
Name of Employer TRANSOCEANIC CABLE SHIP		Occupation 2nd Mate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) SCOTT A LUND	Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address 6 LINSCOTT RD.	<b>Transaction ID:</b> SA11AI.47231
	City State Zip Code JEFFERSON ME 04348	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PACIFIC GULF MARINE INC. Chief Mate	
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) GLEN MACARIO	Date of Receipt MM / DD / YYYY 03 / 06 / 2008
	Mailing Address 2966 SW BRIGHTON WAY	<b>Transaction ID:</b> SA11AI.47049
	City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation INTEROCEAN UGLAND MGMT CO- RP. CHIEF 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 MADDEN	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 15 DOUGLAS DR	<b>Transaction ID:</b> SA11AI.47420
	City State Zip Code N EASTON MA 02356	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Maritime Officers Voluntary Political Action Fund

**A.**

Full Name (Last, First, Middle Initial)

FLORIN M MARINESCU

Mailing Address 21 AUDREY AVENUE

City State Zip Code  
ELMONT NY 11003

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

Name of Employer Occupation  
MAERSK LINE LTD Chief Engineer

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2008

Transaction ID: SA11AI.47236

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM J MC CLUSKY JR

Mailing Address 1426 HORIZON CIRCLE

City State Zip Code  
SAN ANTONIO TX 78258

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2008

Transaction ID: SA11AI.47352

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY R MC GEEIN

Mailing Address 1808 DUKE OF YORK QUAY

City State Zip Code  
VIRGINIA BEACH VA 23454

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

Name of Employer Occupation  
INTEROCEAN AMERICAN SHIPP-  
ING CORP 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 / 12 / 2008

Transaction ID: SA11AI.47266

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN F MULDERIG

Mailing Address 236 OCEAN AVE

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
AMERICAN OVERSEAS MARINE 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 Y  
03 / 25 / 2008

**Transaction ID:** SA11AI.47471

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
ZANE W MUSTION

Mailing Address 235 TAYLOR ROAD

City State Zip Code  
ELDON MO 65026

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

Name of Employer Occupation  
EXPORTER TRANS./MAERSK 2nd Mate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.47331

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT M ORMOND

Mailing Address P.O. BOX 3271

City State Zip Code  
N. CONWAY NH 03860

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

Name of Employer Occupation  
AMERICAN OVERSEAS MARINE Radio Electronics Tech.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2008

**Transaction ID:** SA11AI.47232

Amount of Each Receipt this Period  
36.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 686.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Maritime Officers Voluntary Political Action Fund

**A.** Full Name (Last, First, Middle Initial)  
TIMOTHY PALANGE

Mailing Address 55410 DELTA RD

City State Zip Code  
BLUE RIVER OR 97413

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  
MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** SA11AI.47120

Amount of Each Receipt this Period  
400.00

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

Mailing Address 12110 BUSINESS BLVD STE 6, #171

City State Zip Code  
EAGLE RIVER AK 99577

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

Name of Employer TRANSOCEANIC CABLE SHIP Occupation 3rd Mate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2008

**Transaction ID:** SA11AI.47278

Amount of Each Receipt this Period  
291.00

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

Mailing Address PMB 368  
1500 A LAFAYETTE RD

City State Zip Code  
PORTSMOUTH NH 03801

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

Name of Employer AMERICAN STEAMSHIP CO. Occupation 1st Mate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 347.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** SA11AI.47146

Amount of Each Receipt this Period  
347.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1038.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 29
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHARLES J PHELAN	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address 1007 SOUTHGATE DRIVE	<b>Transaction ID:</b> SA11AI.47385
	City State Zip Code ELIZABETHTON TN 37643	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN OVERSEAS MARINE 1st 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) WILLIAM J RAPONE	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address 5804 MICHAEL DR	<b>Transaction ID:</b> SA11AI.47391
	City State Zip Code BENSALEM PA 19020	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation INTEROCEAN AMERICAN SHIPP- ING CORP Master	
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) MICHAEL A RAYMOND	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 40710 Lacey Wood Ct.	<b>Transaction ID:</b> SA11AI.47023
	City State Zip Code Magnolia TX 77354	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN OVERSEAS MARINE 3rd Asst Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
JEFFERY L SANDERS

Mailing Address 12120 PAWLEYS MILL CIRCLE

City State Zip Code  
RALEIGH NC 27614

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 / 05 / 2008

Transaction ID: SA11AI.47047

Amount of Each Receipt this Period

400.00

**B.**

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

Mailing Address 101425 Overseas Hwy. Suite 708

City State Zip Code  
Key Largo FL 33037

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2008

Transaction ID: SA11AI.47142

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
TINA M VANDERPLOEG

Mailing Address 42 SOUTH BROOK DR

City State Zip Code  
MILLTOWN NJ 08850

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

Name of Employer Occupation  
AMERICAN OVERSEAS MARINE 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 / 25 / 2008

Transaction ID: SA11AI.47476

Amount of Each Receipt this Period

400.00

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

1300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)  
RYAN P WALL

Mailing Address 20 BEULAH STREET, #1

City State Zip Code  
WHITMAN MA 02382

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2008

Transaction ID: SA11AI.47139

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14321.00

# 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)

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

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

**A.** Full Name (Last, First, Middle Initial)  
ANNE BARTH FOR CONGRESS

Mailing Address POST OFFICE BOX 2151

City CHARLESTON State WV Zip Code 25328

Purpose of Disbursement  
Contribution

Candidate Name  
ANNE BARTH

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.47599

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
BETTY SUTTON FOR CONGRESS

Mailing Address 1700 W MARKET ST #155

City AKRON State OH Zip Code 44313

Purpose of Disbursement  
Contribution

Candidate Name  
BETTY S MS. SUTTON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB23.47605

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Mailing Address PO Box 5016

City Vancouver State WA Zip Code 98668

Purpose of Disbursement  
Contribution

Candidate Name  
BRIAN N BAIRD

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WA District: 03

Transaction ID: SB23.47606

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>BRIAN HIGGINS FOR CONGRESS</b>	<b>Transaction ID: SB23.47620</b>
	Mailing Address <b>PO BOX 28</b>	Date of Disbursement MM / DD / YYYY <b>03 / 31 / 2008</b>
	City <b>BUFFALO</b> State <b>NY</b> Zip Code <b>14220</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>BRIAN HIGGINS</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NY</b> District: <b>27</b>	

B.	Full Name (Last, First, Middle Initial) <b>CITIZENS TO ELECT RICK LARSEN</b>	<b>Transaction ID: SB23.47600</b>
	Mailing Address <b>PO Box 326</b>	Date of Disbursement MM / DD / YYYY <b>03 / 07 / 2008</b>
	City <b>Everett</b> State <b>WA</b> Zip Code <b>98206</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>RICK LARSEN</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>WA</b> District: <b>02</b>	

C.	Full Name (Last, First, Middle Initial) <b>COMMITTEE FOR A DEMOCRATIC MAJORITY</b>	<b>Transaction ID: SB23.47601</b>
	Mailing Address <b>301 4th ST., NE SUITE 202</b>	Date of Disbursement MM / DD / YYYY <b>03 / 07 / 2008</b>
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20002</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

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

**3000.00**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) David Vitter for U.S. Senate	Transaction ID: SB23.47607 Date of Disbursement																			
	Mailing Address PO BOX 8175	<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
	City METAIRIE State LA Zip Code 70011	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name DAVID VITTER	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	Transaction ID: SB23.47602 Date of Disbursement																			
	Mailing Address 151 LINDEN ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	7		2	0	0	8												
	City MINEOLA State NY Zip Code 11501	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CAROLYN MCCARTHY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.47608 Date of Disbursement																			
	Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name T. TIMOTHY HOLDEN	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
<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

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROSA DELAURO</b>	<b>Transaction ID: SB23.47598</b> Date of Disbursement 03 / 07 / 2008	
	Mailing Address 12 TRUMBULL STREET		
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement Contribution Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROSA DELAURO</b>	<b>Transaction ID: SB23.47604</b> Date of Disbursement 03 / 07 / 2008	
	Mailing Address 12 TRUMBULL STREET		
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement Contribution Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ZACH WAMP</b>	<b>Transaction ID: SB23.47617</b> Date of Disbursement 03 / 31 / 2008	
	Mailing Address P.O. BOX 24804		
	City CHATTANOOGA State TN Zip Code 37422	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement Contribution Candidate Name ZACH WAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4500.00</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)  
American Maritime Officers Voluntary Political Action Fund

A.	Full Name (Last, First, Middle Initial) GALLEGLY FOR CONGRESS	Transaction ID: SB23.47616 Date of Disbursement 03 / 31 / 2008
	Mailing Address PO BOX 940001	Amount of Each Disbursement this Period 2000.00
	City SIMI VALLEY State CA Zip Code 93094	
	Purpose of Disbursement Contributor	Category/ Type
	Candidate Name ELTON GALLEGLY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS	Transaction ID: SB23.47626 Date of Disbursement 03 / 13 / 2008
	Mailing Address PO Box 23748	Amount of Each Disbursement this Period -1000.00
	City Tempe State AZ Zip Code 85285	
	Purpose of Disbursement Contribution Check Never Cashed	Category/ Type
	Candidate Name HARRY E MITCHELL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.47597 Date of Disbursement 03 / 07 / 2008
	Mailing Address PO BOX 2323	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30301	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN MR. LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS	Transaction ID: SB23.47609
	Mailing Address PO BOX 20123	Date of Disbursement 03 / 14 / 2008
	City RIVERSIDE State CA Zip Code 92516	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name KEN MR. CALVERT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: CA District: 44	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	Transaction ID: SB23.47615
	Mailing Address 29 RUFF CIRCLE	Date of Disbursement 03 / 31 / 2008
	City GLASTONBURY State CT Zip Code 06033	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN B LARSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: CT District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	Transaction ID: SB23.47621
	Mailing Address 29 RUFF CIRCLE	Date of Disbursement 03 / 31 / 2008
	City GLASTONBURY State CT Zip Code 06033	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN B LARSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: CT District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY	Transaction ID: SB23.47614 Date of Disbursement																			
	Mailing Address PO BOX 1322	<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>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	8												
	City WAUSAU State WI Zip Code 54402	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name DAVID R OBEY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER RE-ELECTION COMMITTEE	Transaction ID: SB23.47610 Date of Disbursement																			
	Mailing Address P.O. Box 730 C/O C. BRUCE LAWRENCE	<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
	City Honeoye State NY Zip Code 14471	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name LOUISE MCINTOSH SLAUGHTER	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS	Transaction ID: SB23.47623 Date of Disbursement																			
	Mailing Address 3729 SILSBY RD	<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>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	8												
	City UNIVERSITY HEIGHTS State OH Zip Code 44118	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Check Never Cashed	<table border="1"><tr><td>-2500.00</td></tr></table>	-2500.00																		
-2500.00																					
	Candidate Name STEPHANIE TUBBS JONES	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00
1500.00		
<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

**A.** Full Name (Last, First, Middle Initial)  
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1536

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Contribution

Candidate Name  
TIM JOHNSON

Office Sought:  House  
 Senate  
 President

State: SD District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.47611

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
VAN HOLLEN FOR CONGRESS

Mailing Address 10537 ST. PAUL STREET

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement  
Contribution Check Never Cashed

Candidate Name  
CHRIS VAN HOLLEN

Office Sought:  House  
 Senate  
 President

State: MD District: 08

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.47625

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

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

Mailing Address PO BOX 10003

City MERRILLVILLE State IN Zip Code 46411

Purpose of Disbursement  
Contribution

Candidate Name  
PETER J VISCLOSKY

Office Sought:  House  
 Senate  
 President

State: IN District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.47613

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

WALTER JONES FOR CONGRESS COMMITTEE

Transaction ID: SB23.47612

Date of Disbursement

Mailing Address PO BOX 99667

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

City State Zip Code  
RALEIGH NC 27624

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Contribution

--

Candidate Name  
WALTER B JONES

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

1000.00
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TOTAL This Period (last page this line number only) .....

27500.00
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