

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

American Maritime Officers Voluntary Political Action Fund

ADDRESS (number and street)

P.O. Box 66

(Check if address is changed)

Daia Beach

CITY ▲

FL

STATE ▲

33004-0066

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

theaton@amo-union.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05 / 19 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00027532

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer Charles Murdock

Signature of Treasurer

Charles Murdock

[Electronically Filed]

Date

05 / 19 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# American Maritime Officers Voluntary Political Action Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Maritime Officers

Mailing Address

P.O. Box 66

Dania Beach

FL

33004-0066

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Thomas Heaton

Mailing Address

P.O. Box 66

Dania Beach

FL

33004

Title or Position

CITY

STATE

ZIP CODE

Controller

Telephone number

954

367

1051

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Charles Murdock

Mailing Address

P.O. Box 66

Dania Beach

FL

33004

Title or Position

CITY

STATE

ZIP CODE

National Secretary-T

Telephone number

954

921

2221

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

[Grid for Telephone number]

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Paradise Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

540 North Federal Highway

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Fort Lauderdale

[Grid for Mailing Address Line 3]

FL

[Grid for Mailing Address Line 4]

33301

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

[Grid for Mailing Address Line 4]

[Grid for Mailing Address Line 5]

[Grid for Mailing Address Line 6]

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A  
Transaction ID :

Amending to include Affiliated Organizations

Form/Schedule:  
Transaction ID:

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Maritime Retirees Associaton

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 66

\_\_\_\_\_

\_\_\_\_\_

Dania Beach

FL

33004-0066

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

District 2A TT WISEU

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 66  
\_\_\_\_\_

\_\_\_\_\_

Dania Beach FL 33004-0066  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_