

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Maritime Officers Voluntary Political Action Fund

ADDRESS (number and street) 2 West Dixie Highway  
Dania Beach FL 33004  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00027532  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 04 30 2010

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 Jose Leonard

Signature of Treasurer Electronically Filed by Jose Leonard Date 05 18 2010

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**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		26925.23
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	101036.86									
(c) Total Receipts (from Line 19) .....	37138.63	158336.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	138175.49	185261.36								
7. Total Disbursements (from Line 31) .....	31610.46	78696.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	106565.03	106565.03								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	13200.00	52474.00
(ii) Unitemized .....	23937.00	105860.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	37137.00	158334.50
(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) .....	37137.00	158334.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	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.) .....	1.63	1.63
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)) .....	37138.63	158336.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37138.63	158336.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	78000.00
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	412.00
(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	412.00
29. Other Disbursements.....	110.46	284.33
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))..	31610.46	78696.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31610.46	78696.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

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) .....	37137.00	158334.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	412.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37137.00	157922.50
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: PAGE 6 / 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

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

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

Mailing Address 834 LOUISA STREET

City State Zip Code  
NEW ORLEANS LA 70117

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

Name of Employer Occupation  
PRONAV SHIP MANAGEMENT, INC. THIRD MATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2010

Transaction ID: SA11AI.54869

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES L BENNETT

Mailing Address 4525 TURGI HILL ROAD NW

City State Zip Code  
BEMIDJI MN 56601

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

Name of Employer Occupation  
INTEROCEAN AMERICAN SHIPPING CORP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11AI.54999

Amount of Each Receipt this Period  
200.00

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

Mailing Address 71143 DEEPWATER POINT ROAD

City State Zip Code  
WILLIAMSBURG MI 49690

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

Name of Employer Occupation  
OSPREY SHIP MGMT, INC. 3rd Asst Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

Transaction ID: SA11AI.54971

Amount of Each Receipt this Period  
400.00

**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 7 / 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)  
PATRICK BRANGAN

Mailing Address 60 PATTISON ST B-12

City ABINGTON State MA Zip Code 02351

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

Name of Employer AMERICAN OVERSEAS MARINE CORP Occupation SECOND MATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2010  
Transaction ID: SA11AI.54834  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
PATRICK BROWN

Mailing Address 5800 BEACH BLVD SUITE 203 #169

City JACKSONVILLE State FL Zip Code 32207

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

Name of Employer PACIFIC GULF MARINE, INC. Occupation CHIEF ENGINEER DIESEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2010  
Transaction ID: SA11AI.54756  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM CHALKE

Mailing Address 2925 W CORONADO RD

City PHOENIX State AZ Zip Code 85009

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 ▼ 600.00

Date of Receipt 04 / 08 / 2010  
Transaction ID: SA11AI.54792  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**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 8 / 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) ROY CORVINO	Date of Receipt MM / DD / YYYY 04 / 20 / 2010
	Mailing Address 2261 SW Salmon Road	<b>Transaction ID:</b> SA11AI.54885
	City State Zip Code PORT ST LUCIE FL 34953	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation INTEROCEAN UGLAND MGMT. 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) MARC DEBLEY	Date of Receipt MM / DD / YYYY 04 / 20 / 2010
	Mailing Address 404 K. STREET	<b>Transaction ID:</b> SA11AI.54893
	City State Zip Code PETALUNIA CA 94952	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>C.</b>	Full Name (Last, First, Middle Initial) JOHN DEMOS	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 306 GOLDENEYE CT	<b>Transaction ID:</b> SA11AI.54839
	City State Zip Code HAURE DE GRACE MD 21078	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TRANSOCEANIC CABLE SHIP Chief 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) .....	▶	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: (check only one)	PAGE 9 / 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) RANDY DIAZ	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 7317 KADEL WAY	<b>Transaction ID:</b> SA11AI.54739
	City State Zip Code ORLANDO FL 32822	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation USS TRANSPORT, LLC 3rd Mate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) TIMOTHY DOHERTY	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 234 SCOOTER DR.	<b>Transaction ID:</b> SA11AI.54795
	City State Zip Code PANAMA CITY BCH. FL 32408	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Various Shipping Companies Merchant Marine Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM DORRICOTT	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 1912 Westley St.	<b>Transaction ID:</b> SA11AI.54832
	City State Zip Code Safe Harbor FL 34695	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AMERICAN OVERSEAS MARINE CORP CHIEF OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<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)  
ZACHARIAH GAINSLEY

Mailing Address 72 MIDDLE ROAD

City State Zip Code  
WOOLWICK ME 04579

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

Name of Employer Occupation  
MAERSK LINE LTD 3rd Asst Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.54878

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM GAMAGE

Mailing Address 220 CUMBERLAND RD

City State Zip Code  
N YARMOUTH ME 04097

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

Name of Employer Occupation  
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.54778

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
GODFREY GITTENS

Mailing Address 10221 HAITIAN DR  
CUTLER RIDGE

City State Zip Code  
MIAMI FL 33189

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

Name of Employer Occupation  
WILSON SHIPPING CO. INC. 2nd Mate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.54866

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

**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)  
DANIEL GOFF

Mailing Address P O BOX 372039

City State Zip Code  
SATELLITE BEACH FL 32937

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

Name of Employer Occupation  
MAERSK LINE LTD. MASTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

Transaction ID: SA11AI.54965

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM GOULD

Mailing Address 736 SOUTH WITHAM RO

City State Zip Code  
AUBURN ME 04258

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

Name of Employer Occupation  
TRANSOCEANIC CABLE SHIP Chief Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2010

Transaction ID: SA11AI.54761

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
DEBORAH HENNEN

Mailing Address RT 3 BOX 384

City State Zip Code  
GRAFTON WV 26354

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

Name of Employer Occupation  
VARIOUS SHIPPING COMPANIES MERCHANT MARINE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2010

Transaction ID: SA11AI.54838

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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)  
 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)  
JOSEPH JACOBSEN

Mailing Address 2301 LAKENHEATH DR

City State Zip Code  
DICKINSON TX 77539

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

Name of Employer Various Shipping Companies      Occupation Merchant Marine Officer

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.54924

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1800 EAGLE TRACE BW

City State Zip Code  
PALM HARBOR FL 34685

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

Name of Employer INTEROCEAN UGLAND MGMT.      Occupation Chief Engineer

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

**Transaction ID:** SA11AI.54743

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES KELLBERG

Mailing Address 1532 S.E. Royal Green Cir.  
apt.0-102

City State Zip Code  
Port St. Licie FL 34952

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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.55002

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 13 / 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)  
CURTIS LOFTFIELD

Mailing Address 24628 PIONEER WAY NW

City State Zip Code  
POULSBO WA 98370

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.54833

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHELLE MC COY

Mailing Address 2752 CEDER CREEK ST

City State Zip Code  
MARRERO LA 70072

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation MERCHANT MARINE OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.54760

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
NOAH MYRUS

Mailing Address 70 SASSAFRAS DR.

City State Zip Code  
N. KINGSTOWN RI 02852

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  
M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.54937

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) HENRI NAEGER JR.		Date of Receipt MM / DD / YYYY 04 / 27 / 2010		
	Mailing Address 5256 BAGPIPERS LANE		<b>Transaction ID:</b> SA11AI.54959		
	City VIRGINIA BEACH	State VA	Zip Code 23464	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 500.00		
	Name of Employer VARIOUS SHIPPING COMPANIES		Occupation		

<b>B.</b>	Full Name (Last, First, Middle Initial) DONALD NILSSON		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address 27 ORANGEBURGH RD		<b>Transaction ID:</b> SA11AI.54773		
	City OLD TAPPAN	State NJ	Zip Code 07675	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 400.00		
	Name of Employer AMO		Occupation Union Official		

<b>C.</b>	Full Name (Last, First, Middle Initial) ANDREW NIMS		Date of Receipt MM / DD / YYYY 04 / 29 / 2010		
	Mailing Address HUIS TEN BOSCH-CHO 16-5 SASEBO-SHI, NAGASAKI-KEN		<b>Transaction ID:</b> SA11AI.54987		
	City 859-3243 JAPAN	State	Zip Code	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 300.00		
	Name of Employer MAERSK LINE LTD		Occupation 1st Asst Engineer		

**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: (check only one)	PAGE 15 / 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) KEVIN O'DONNELL	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 558 Reliance Avenue	<b>Transaction ID:</b> SA11AI.54731
	City State Zip Code HENDERSON NV 89015	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MAERSK LINE LTD 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) THOMAS OLIVER	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address 84 EATON STREET	<b>Transaction ID:</b> SA11AI.54894
	City State Zip Code OLD TOWN ME 04468	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 Engineer	
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) ERIK OSINSKI	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 615 16TH STREET	<b>Transaction ID:</b> SA11AI.54939
	City State Zip Code BELLINGHAM WA 98225	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 16 / 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)  
MARC PARENTEAU

Mailing Address 413 CLARKS WOODS RD

City LYMAN State ME Zip Code 04002

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

Name of Employer VARIOUS SHIPPING COMPANIES Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 16 / 2010  
**Transaction ID:** SA11AI.54857  
 Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
CALVIN PATTERSON

Mailing Address 3431 WABASH AVE

City KANSAS CITY State MO Zip Code 64109

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: 04 / 13 / 2010  
**Transaction ID:** SA11AI.54827  
 Amount of Each Receipt this Period: 400.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID SANCHEZ-NAVARRO

Mailing Address P O BOX 218

City WALPOLE State NH Zip Code 03608

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

Name of Employer VICTORY MARITIME INC. Occupation Master

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 27 / 2010  
**Transaction ID:** SA11AI.54958  
 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 17 / 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)  
SAMUEL SCHELLENGER

Mailing Address 1309 S. LAKE STREET

City State Zip Code  
BURBANK CA 91502

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

Name of Employer Occupation  
MARITRANS G.P., INC. 2nd 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 Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.55003

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH SCUTERI

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.54901

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
STACYL SHUPPERT

Mailing Address 2245 BELL HILL ROAD

City State Zip Code  
KELSEYVILLE CA 95451

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

Name of Employer Occupation  
3PSC, LLC 3rd Mate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.54946

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 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)  
DAVID SOMERS

Mailing Address 644 STRANDER BLVD. #194

City State Zip Code  
SEATTLE WA 98188

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.54890

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
WENDELL SPRAGUE

Mailing Address 7301 RR 620 N S155 #173

City State Zip Code  
AUSTIN TX 70726

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.54979

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
HAROLD VOGEL

Mailing Address P.O. BOX 6238

City State Zip Code  
STUART FL 34997

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

Name of Employer Various Shipping Companies Occupation Merchant Marine Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.54734

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**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"/> 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) JAMES WINGATE JR		Date of Receipt	
	Mailing Address 3561 NE 171ST ST		M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.54948
	N MIAMI BCH	FL	33168	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period
Name of Employer INTEROCEAN UGLAND MGMT CO- RP.		Occupation CHIEF ENGINEER STEAM		400.00
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) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13200.00

**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) <b>BILL SHUSTER FOR CONGRESS</b>	<b>Transaction ID: SB23.54708</b>
	Mailing Address <b>PO Box 27</b>	Date of Disbursement MM / DD / YYYY <b>04 / 28 / 2010</b>
	City <b>Hollidaysburg</b> State <b>PA</b> Zip Code <b>16648</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>WILLIAM F SHUSTER</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>PA</b> District: <b>09</b>	

B.	Full Name (Last, First, Middle Initial) <b>BOB FILNER FOR CONGRESS</b>	<b>Transaction ID: SB23.54684</b>
	Mailing Address <b>PO Box 121480</b>	Date of Disbursement MM / DD / YYYY <b>04 / 15 / 2010</b>
	City <b>Chula Vista</b> State <b>CA</b> Zip Code <b>91912</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>BOB FILNER</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CA</b> District: <b>51</b>	

C.	Full Name (Last, First, Middle Initial) <b>CARNAHAN IN CONGRESS</b>	<b>Transaction ID: SB23.54701</b>
	Mailing Address <b>7000 Chippewa St</b>	Date of Disbursement MM / DD / YYYY <b>04 / 21 / 2010</b>
	City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63123</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>RUSS CARNAHAN</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>MO</b> District: <b>03</b>	

**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) <b>CHARLIE DENT FOR CONGRESS</b>	<b>Transaction ID: SB23.54675</b>
	Mailing Address <b>PO Box 442</b>	Date of Disbursement MM / DD / YYYY <b>04 / 08 / 2010</b>
	City <b>Allentown</b> State <b>PA</b> Zip Code <b>18105</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>CHARLES W DENT</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>PA</b> District: <b>15</b>	

B.	Full Name (Last, First, Middle Initial) <b>CITIZENS TO ELECT RICK LARSEN</b>	<b>Transaction ID: SB23.54712</b>
	Mailing Address <b>PO Box 326</b>	Date of Disbursement MM / DD / YYYY <b>04 / 28 / 2010</b>
	City <b>Everett</b> State <b>WA</b> Zip Code <b>98206</b>	Amount of Each Disbursement this Period <b>2000.00</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: 2010 <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>COBLE FOR CONGRESS</b>	<b>Transaction ID: SB23.54685</b>
	Mailing Address <b>PO Box 1177 PO Box 1177</b>	Date of Disbursement MM / DD / YYYY <b>04 / 15 / 2010</b>
	City <b>Greensboro</b> State <b>NC</b> Zip Code <b>27402</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>JOHN HOWARD COBLE</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NC</b> District: <b>06</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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) <b>CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> SB23.54702
	Mailing Address <b>PO BOX 1631</b>	Date of Disbursement MM / DD / YYYY <b>04 / 22 / 2010</b>
	City <b>BALTIMORE</b> State <b>MD</b> Zip Code <b>21203</b>	Amount of Each Disbursement this Period <b>2000.00</b>
	Purpose of Disbursement Contribution Candidate Name <b>ELIJAH E CUMMINGS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MD</b> District: <b>07</b>	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>DUNCAN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.54707
	Mailing Address <b>PO BOX 2646</b>	Date of Disbursement MM / DD / YYYY <b>04 / 28 / 2010</b>
	City <b>KNOXVILLE</b> State <b>TN</b> Zip Code <b>37901</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution Candidate Name <b>JOHN J REP. JR. DUNCAN</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TN</b> District: <b>02</b>	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS FOR JIM MCDERMOTT</b>	<b>Transaction ID:</b> SB23.54713
	Mailing Address <b>PO BOX 21786</b>	Date of Disbursement MM / DD / YYYY <b>04 / 28 / 2010</b>
	City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98111</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution Candidate Name <b>JAMES MCDERMOTT</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>07</b>	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**4000.00**

**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) <b>FRIENDS OF BENNIE THOMPSON</b>	<b>Transaction ID:</b> SB23.54676
	Mailing Address P.O. Box 100 P.O. Box 100	Date of Disbursement MM / DD / YYYY 04 / 08 / 2010
	City Bolton State MS Zip Code 39041	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name BENNIE G THOMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOE BACA</b>	<b>Transaction ID:</b> SB23.54711
	Mailing Address 555 CAPITOL MALL SUITE 1425	Date of Disbursement MM / DD / YYYY 04 / 28 / 2010
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name JOE BACA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>KEN CALVERT FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.54686
	Mailing Address PO BOX 20123	Date of Disbursement MM / DD / YYYY 04 / 15 / 2010
	City RIVERSIDE State CA Zip Code 92516	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name KEN MR. CALVERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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)  
**LEWIS FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement  
Contribution

Candidate Name  
JERRY LEWIS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Transaction ID: SB23.54677

Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

2000.00

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

Mailing Address PO BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement  
Contribution

Candidate Name  
FRANK A, LOBIONDO

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Transaction ID: SB23.54709

Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MARK CRITZ FOR CONGRESS COMMITTEE**

Mailing Address 551 MAIN STREET SUITE 120

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement  
Contribution

Candidate Name  
MARK CRITZ

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Special-General

Transaction ID: SB23.54717

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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) MICA FOR CONGRESS	Transaction ID: SB23.54705 Date of Disbursement 04 / 22 / 2010
	Mailing Address PO Box 181546	Amount of Each Disbursement this Period 1500.00
	City Casselberry State FL Zip Code 32718	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JOHN L MR. MICA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) REPUBLICAN MAJORITY FUND	Transaction ID: SB23.54706 Date of Disbursement 04 / 22 / 2010
	Mailing Address PO BOX 144 Suite 300	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22313	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROB WITTMAN FOR CONGRESS	Transaction ID: SB23.54688 Date of Disbursement 04 / 15 / 2010
	Mailing Address PO BOX 999 PO BOX 999	Amount of Each Disbursement this Period 1000.00
	City MONTROSS State VA Zip Code 22520	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ROBERT J. WITTMAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>ROGERS FOR CONGRESS</b></p> <p>Mailing Address Post Office Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name MICHAEL ROGERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.54678 <b>Date of Disbursement</b> 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>SCOTT MURPHY FOR CONGRESS</b></p> <p>Mailing Address 5 South Side Dr. #224</p> <p>City Clifton Park State NY Zip Code 12065</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name SCOTT M MURPHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.54692 <b>Date of Disbursement</b> 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>SIRES FOR CONGRESS</b></p> <p>Mailing Address 6050 Blvd. East Apt. 6B</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name ALBIO SIRES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.54693 <b>Date of Disbursement</b> 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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) <b>TIBERI FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.54696
	Mailing Address 2931 E Dublin Granville Road Suite 190	Date of Disbursement MM / DD / YYYY 04 / 15 / 2010
	City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name PATRICK J. TIBERI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>TIM BISHOP FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.54679
	Mailing Address PO Box 437	Date of Disbursement MM / DD / YYYY 04 / 08 / 2010
	City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name TIMOTHY BISHOP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>TODD AKIN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.54710
	Mailing Address PO BOX 31222	Date of Disbursement MM / DD / YYYY 04 / 28 / 2010
	City ST LOUIS State MO Zip Code 63131	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name W TODD AKIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>WICKER FOR SENATE</b> <hr/> Mailing Address <b>PO BOX 64</b> <hr/> City <b>JACKSON</b> State <b>MS</b> Zip Code <b>39205</b> <hr/> Purpose of Disbursement Contribution Candidate Name <b>ROGER F WICKER</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MS</b> District: <b>00</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.54704 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WOOLSEY FOR CONGRESS</b> <hr/> Mailing Address <b>P.O. BOX 750176</b> <hr/> City <b>PETALUMA</b> State <b>CA</b> Zip Code <b>94975</b> <hr/> Purpose of Disbursement Contribution Candidate Name <b>LYNN C WOOLSEY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>06</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.54703 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>WYDEN FOR SENATE</b> <hr/> Mailing Address <b>232 NE 9TH AVENUE</b> <hr/> City <b>PORTLAND</b> State <b>OR</b> Zip Code <b>97232</b> <hr/> Purpose of Disbursement Contribution Candidate Name <b>RONALD LEE WYDEN</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OR</b> District: <b>00</b> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.54682 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>31500.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Maritime Officers Voluntary Political Action Fund

A.

Full Name (Last, First, Middle Initial)

Transfirst

Mailing Address 371 Centennial Parkway

City State Zip Code  
Louisville CO 80027

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.55004

Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

110.46

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

110.46

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

110.46