

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 23 11 07 AM '98

| | | |
|---|--|---|
| 1. NAME OF COMMITTEE (in full) SEAFARERS POLITICAL ACTIVITY DONATION SEAFARERS INTL UNION OF N.A. - AGLIWD | | 2. FEC IDENTIFICATION NUMBER C00004325 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5201 AUTH WAY | | |
| CITY, STATE and ZIP CODE CAMP SPRINGS, MARYLAND 20746 | | |
| 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) | | |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|--|
| 5. Covering Period <u>05/01/98</u> through <u>05/31/98</u> | | |
| 6. (a) Cash on Hand January 1, 1998 | | \$ 142122.86 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 72883.77 | |
| (c) Total Receipts (from line 19) | \$ 44498.90 | \$ 271959.64 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 117382.67 | \$ 414082.50 |
| 7. Total Disbursements (from Line 30) | \$ 51669.76 | \$ 348369.59 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 65712.91 | \$ 65712.91 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | |

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 Assistant Treasurer Thomas J. DeVivio | Date 6/17/98 |
| Signature of Treasurer | |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE/SAFARERS POLITICAL ACTIVITY DONATIONS | | REPORT COVERING PERIOD | |
|--|------------------------|-------------------------------|---------------------------|
| SAFARERS INTL UNION OF N.A. - AGLIWD | | FROM: 05/01/98 | TO: 05/31/98 |
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individuals/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | | 4559.00 | 18846.50 |
| ii. Unitemized | | 39822.00 | 252079.25 |
| iii. Total | (add i and ii) | 44381.00 | 270925.75 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions | (add a iii, b and c) | 44381.00 | 270925.75 |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | |
| | | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | | |
| | | | |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts | | | |
| (add 11d, 12, 13, 14, 15, 16, 17, and 18) | | 44498.90 | 271959.64 |
| 20. Total Federal Receipts | | | |
| (subtract line 18 from line 19) | | 44498.90 | 271959.64 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | |
| ii. Non-Federal Share | | | |
| b. Other Federal Operating Expenditures | | | |
| | | | |
| c. Total Operating Expenditures | (Add a i, a ii, and b) | 19981.26 | 68322.09 |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | | | |
| | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contribution Refunds | | | |
| (Add a, b and c) | | | 145.00 |
| 29. Other Disbursements | | | |
| | | | |
| 30. Total Disbursements | | | |
| (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | | 51669.76 | 348369.59 |
| 31. Total Federal Disbursements | | | |
| (subtract line 21 a ii from line 30) | | 51669.76 | 348369.59 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | | | |
| | | 44381.00 | 270925.75 |
| 33. Total Contribution Refunds (from line 28d) | | | |
| | | | 145.00 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | | | |
| | | 44381.00 | 270780.75 |
| 35. Total Federal Operating Expenditures | | | |
| (add 21 a i and 21 b) | | 19981.26 | 68322.09 |
| 36. Offsets to Operating Expenditures (from line 15) | | | |
| | | | 10.00 |
| 37. Net Operating Expenditures | | | |
| (subtract line 36 from 35) | | 19981.26 | 68312.09 |

SCHEDULE A

ITEMIZED RECEIPTS

| | | |
|--|------|----|
| Use separate schedule for each category of the Detailed Summary Page | PAGE | OF |
| | 1 | 1 |
| FOR LINE NUMBER | | 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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| | | | |
|---|--|--|---|
| A. Full Name, Mailing Address and ZIP Code FIRST VIRGINIA BANK 4710 AUTH PLACE CAMP SPRINGS, MD 20746 | Name of Employer INTEREST - MONEY MARKET ACCOUNT | Date (month, day, year) 05/31/98 | Amount of Each Receipt this Period 117.90 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date\$ | 1023.89 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date\$ | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date\$ | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date\$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date\$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date\$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date\$ | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional) | 117.90 |
| TOTAL This Period (last page this line number only). | 117.90 |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|--------------------------|------------------------------------|
| BLASQUEZ, JON 160 BLUE SPRUCE COURT AMERICAN CANYON, CA 94589 | SEALAND SERVICES SHOREGANG | 05/31/98 | 120.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date\$ | 240.00 |
| B. Full Name, Mailing Address and ZIP Code BROCK, JAMES 10960 BEACH BLVD #267 JACKSONVILLE, FL 32246 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 219.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date\$ | 219.00 |
| C. Full Name, Mailing Address and ZIP Code BROWN, MATTHEW 2424 TULANE AVENUE #104 NEW ORLEANS, LA 70119 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 260.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date\$ | 260.00 |
| D. Full Name, Mailing Address and ZIP Code BURKE, WILLIAM BLK 24, LOT 2 GARDEN VILLAGE, PA | CROWLEY AMERICAN TRANSPORT LINES | 05/31/98 | 202.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date\$ | 202.00 |
| E. Full Name, Mailing Address and ZIP Code CARMODY, TERRANCE 442 ROSEBANK AVENUE BALTIMORE, MD 21218 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 151.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date\$ | 222.50 |
| F. Full Name, Mailing Address and ZIP Code CASTRO, STANLEY 31560 55TH AVENUE, SW FEDERAL WAY, WA 98023 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 222.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date\$ | 222.00 |
| G. Full Name, Mailing Address and ZIP Code CLARKE, GARY 2001 S CLINTON ST PIER 1 BALTIMORE, MD 21224 | BAYSHIP MANAGEMENT | 05/31/98 | 136.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date\$ | 214.00 |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1310.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLWD FEC ID No. C00004325

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| COMESSANA, RAFAEL 1900 SOUTH TREASURE DRIVE #3P NORTH BAY VILLA, FL 33141 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 216.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date | 216.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| DAVIS, ALLEN 306 NORTH PARK STREET WINNFIELD, LA 71483 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 206.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date | 206.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| EVERETT, ALFRED 1611 BAUMONT COURT NORFOLK, VA 23503 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 223.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date | 223.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| FORD, TERRANCE 3021 ERNEST STREET NEW ORLEANS, LA 70131 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 206.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date | 206.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| IQBAL, SYED 8232 BAYTREE LANE JACKSONVILLE, FL 32256 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 269.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date | 269.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| JOSEPH, FITZGERALD 16202 EL CAMINO REAL 1008 HOUSTON, TX 77062 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 290.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date | 290.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| KELLEY, JOSEPH 1003 IOWA AVENUE LYNN HAVEN, FL 32444 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 222.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date | 222.00 |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1632.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FRC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---------------------------------------|--------------------------------|------------------------------------|
| MERCER, ROY 4015 SEVEN HILLS ROAD CASTRO VALLEY, CA 94546 | SEAFARERS INTL UNION OF N.A. - AGLIWD | 05/31/98 | 40.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | V.P.-GOVT SERV. DIV | Aggregate Year-To-Date: 210.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MONCADA, VICTOR 405 PALM AVENUE, #B CHALMETTE, LA 70043 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 288.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date: 288.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| PSANIS, CHRISTOS 14814 SW 108 TARR. MIAMI, FL 33196 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 160.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date: 221.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| RAGER, ROBERT ROUTE 1, BOX 311 ALTMA, FL 32421 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 411.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date: 411.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| RICHER, ROBERT 1424 LOCKETT RIDGE ROAD MIDLOTHIAN, VA 23113 | CROWLEY AMERICAN TRANSPORT LINES | 05/31/98 | 156.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date: 289.50 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| STEVENSON, ROBERT 8820 NELSON STREET NEW ORLEANS, LA 70118 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 294.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date: 294.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| SUMALINO, PRECILIANO 94-548 HIA-HIA LOOP WAIPANI, HI 96797 | VARIOUS U.S. - FLAG VESSEL OPERATORS | 05/31/98 | 268.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date: 268.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1617.00 |
| TOTAL This Period (last page this line number only) | 4559.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| WAYNE SMITH THE WILLARD OFFICE BLDG 1455 PENNSYLVANIA AVE #550 WASHINGTON, D.C. 20004 | MAY CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/01/98 | 2500.00 |
| ROBERT MCGLOTTEN 1901 L STREET, N.W. SUITE 300 WASHINGTON, D.C. 20036 | MAY CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/01/98 | 5500.00 |
| BRAND & LOWELL 923 15TH STREET, N.W. WASHINGTON, D.C. 20005 | MAY CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/01/98 | 3000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 11000.00 |
| TOTAL This Period (last page this line number only). | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SBAFARERS POLITICAL ACTIVITY DONATION
SBAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| RAINMAKER PRINT PRODUCTIONS 720 GREENWICH STREET, #3D NEW YORK, NY 10014 | PRINTING RECEIPT BOOKS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/01/98 | 1210.80 |
| B. Full Name, Mailing Address and ZIP Code BLUEBEARD CASTLE HOTEL BOX 7480 ST. THOMAS, VI 00801 | Purpose of Disbursement PAC INFORMATION FORUM Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 2623.95 |
| C. Full Name, Mailing Address and ZIP Code STATE OF MICHIGAN BUREAU OF ELECTIONS P.O. BOX 20126 LANSING, MI 48901-0726 | Purpose of Disbursement LATE FILING FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/28/98 | 200.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) **4034.75**

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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| PAGE | OF |
| 3 | 4 |
| FOR LINE NUMBER | |
| 21b | |

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID NO. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
|--|---|-------------------------|---------------------------------------|
| FIRST VIRGINIA CARD SERVICE P.O. BOX 909 FALLS CHURCH, VA 22040-0909 | MONTHLY CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/07/98 | |
| B. Full Name, Mailing Address and ZIP Code HOST INTL INC WASHINGTON, D.C. | MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 03/13/98 | 37.09 |
| C. Full Name, Mailing Address and ZIP Code MONTE CARLO BLACKSTONE LAS VEGAS, NEVADA CONVENTION EXPENSES | HOTEL, MEALS, EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 03/19/98 | 3715.44 |
| D. Full Name, Mailing Address and ZIP Code AMTRAK WASHINGTON, D.C. | TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 03/22/98 | 65.00 |
| E. Full Name, Mailing Address and ZIP Code DOLLAR RENT-A-CAR LAS VEGAS, NEVADA | TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 03/21/98 | 513.85 |
| F. Full Name, Mailing Address and ZIP Code A LIMO USA JAMESTOWN, NY | TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/02/98 | 194.40 |
| G. Full Name, Mailing Address and ZIP Code KENTUCKY DAM VILLAGE GILBERTSVILLE, KY | LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/03/98 | 60.00 |
| H. Full Name, Mailing Address and ZIP Code PATTI'S GRAND RIVER, KY | LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/03/98 | 93.46 |
| I. Full Name, Mailing Address and ZIP Code HILTON HOTELS ST. LOUIS, MO | HOTEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/05/98 | 116.12 |

SUBTOTAL of Disbursements This Page (optional) **4795.36**

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| FIRST VIRGINIA CARD SERVICE P.O. BOX 909 FALLS CHURCH, VA 22040-0909 | MONTHLY CHARGES CONTD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| B. Full Name, Mailing Address and ZIP Code RASPBERRY FALLS GOLF LEESBURG, VA | LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/10/98 | 76.36 |
| C. Full Name, Mailing Address and ZIP Code RASPBERRY FALLS GOLF LEESBURG, VA | LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 04/12/98 | 74.79 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) 151.15

TOTAL This Period (last page this line number only). 19981.26

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| CALLAHAN FOR CONGRESS COMMITTEE P.O. BOX 7641 MOBILE, AL | R-AL-98P-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 1000.00 |
| HILLIARD FOR CONGRESS COMMITTEE P.O. BOX 11705 BIRMINGHAM, AL 35202 | D-AL-98P-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/15/98 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) **1500.00**

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

| | |
|-----------------|----|
| PAGE | OF |
| 2 | 15 |
| FOR LINE NUMBER | |
| 23 | |

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NAME OF COMMITTEE (in Full)

SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
|---|--|-------------------------|---------------------------------------|
| COLOR ART PRINTING CO, INC. 430 W. SEVENTH AVENUE ANCHORAGE, ALASKA 99503 PRINTING INVITATIONS | IN-KIND CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General DON YOUNG - ALASKA <input type="checkbox"/> Other (specify) | 05/22/98 | 88.50 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional) 88.50

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| ROB TULLY FOR CONGRESS P.O. BOX 691 DUBUQUE, IOWA 52004 | D-IA-98-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/07/98 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code BOSWELL FOR CONGRESS P.O. BOX 823 INDIANOLA, IOWA 50125 | D-IA-98P-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 1000.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

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| SUBTOTAL of Disbursements This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only). | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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|--|--------|--------------------|
| Use separate schedule for each category of the Detailed Summary Page | PAGE 4 | OF 15 |
| | | FOR LINE NUMBER 23 |

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NAME OF COMMITTEE (in Full)

**SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD**

FBC ID No. C00004325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| CHRIS JOHN FOR CONGRESS COMMITTEE, INC. P.O. BOX 971 CROWLEY, LA 70527 | D-LA-98P-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 1500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only). | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page **PAGE 5 OF 15**
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIND **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| TOM ALLEN FOR CONGRESS '98 85 PREBLE STREET, 2ND FLOOR PORTLAND, ME 04101 | D-ME-98P-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) **500.00**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
|--|--|-------------------------|---------------------------------------|
| STUPAK FOR CONGRESS P.O. BOX 143 MENOMINEE, MI 49858 | D-MI-98P-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |

SUBTOTAL of Disbursements This Page (optional) 500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| ANDREWS FOR CONGRESS COMMITTEE 26 SPRINGDALE ROAD; BLDG 27 CHERRY HILL, NJ 08003 | D-NJ-98P-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/07/98 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code DON PAYNE FOR CONGRESS3 P.O. BOX 2406 NEWARK, NJ 07114 | D-NJ-98P-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code MENENDEZ FOR CONGRESS P.O. BOX 848 UNION CITY, NJ | D-NJ-98P-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/15/98 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code MENENDEZ FOR CONGRESS P.O. BOX 848 UNION CITY, NJ | D-NJ-98G-13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/15/98 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only). | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

| | |
|-----------------|--------|
| PAGE OF | 9 15 |
| FOR LINE NUMBER | 23 |

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

NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
|--|---|-------------------------|---------------------------------------|
| MARY BOYLE FOR U.S. SENATE COMMITTEE 20678 EASTWOOD AVENUE CLEVELAND, OH 44126 | D-OH-98P-SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/07/98 | 5000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule PAGE OF
for each category of the 10 15
Detailed Summary Page FOR LINE NUMBER
23

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

NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD
FEC ID No. C00004325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| DARLENE HOOLEY FOR CONGRESS 6404 FAILING STREET WEST LINN, OR | D-OR-98G-5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/22/98 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) 500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
|--|---|-------------------------|---------------------------------------|
| BORSKI FOR CONGRESS COMMITTEE P.O. BOX 26846 PHILADELPHIA, PA | D-PA-98P-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/11/98 | 1000.00 |
| B. Full Name, Mailing Address and ZIP Code CITIZENS FOR RON KLINK 141 RENEER STREET PITTSBURGH, PA 15237 | Purpose of Disbursement D-PA-98P-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/18/98 | 1000.00 |
| C. Full Name, Mailing Address and ZIP Code FRIENDS OF CONGRESSMAN TIM HOLDEN 302 MAHANTONGO STREET POTTSVILLE, PA 17901 | Purpose of Disbursement D-PA-98P-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/07/98 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |

SUBTOTAL of Disbursements This Page (optional) **2500.00**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

**SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD**

FEC ID No. C00004325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
|---|--|-------------------------|---------------------------------------|
| JIM CLYBURN CAMPAIGN COMMITTEE P.O. BOX 12567 COLUMBIA, SC 29211 | D-SC-98P-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/15/98 | 1000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only). | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Page |
|---|--|-------------------------|---------------------------------------|
| TOM DELAY CONGRESSIONAL COMMITTEE 10707 CORPORATE DRIVE #130 STAFFORD, TX 77477 | R-TX-98P-22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/15/98 | 5000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page
 PAGE OF
 15 15
 FOR LINE NUMBER
 23

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NAME OF COMMITTEE (in Full)

SEAFARERS POLITICAL ACTIVITY DONATION
 SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement D-WA-98P-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
|--|---|-------------------------|---------------------------------------|
| ADAM SMITH FOR CONGRESS P.O. BOX 25345 FEDERAL WAY, WA | | 05/15/98 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Page |

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| SUBTOTAL of Disbursements This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only). | 24088.50 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **FEC ID No. C00004325**

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| COMMITTEE FOR THE PRESERVATION OF CAPITALISM P.O. BOX 22614 ALEXANDRIA, VA 22304 | NAT'L / NON-RELATED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 05/22/98 | 2000.00 |
| B. Full Name, Mailing Address and ZIP Code CALIFORNIA VICTORY '98 430 SOUTH CAPITOL STREET, SE WASHINGTON, D.C. 20003 | NAT'L / NON-RELATED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 05/22/98 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code CALIFORNIANS FOR GRAY DAVIS 9911 WEST PICO BLVD #980 LOS ANGELES, CA 90035 | D-CA-98P-STATE/LOCAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 05/29/98 | 5000.00 |
| D. Full Name, Mailing Address and ZIP Code CITIZENS FOR FRED BATHON P.O. BOX 151 EDWARDSVILLE, IL 62025 | D-IL-98-STATE/LOCAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 05/01/98 | 100.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 7600.00 |
| TOTAL This Period (last page this line number only) | 7600.00 |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 6-18-98 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>SEN</i> PREPARER | 6-23-98 DATE PREPARED |