

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
SEAFARER POLITICAL ACTIVITY DONATION
SEAFARERS INT'L UNION OF NA - AGLIWC

ADDRESS (number and street) Check if different than previously reported
5201 ACTH WAY
CITY, STATE and ZIP CODE
CAMP SPRINGS, MD 20746

1999 NOV 24 A 11:46

2. FEC IDENTIFICATION NUMBER
C00004325

3. This committee has qualified as a multicard 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>10/01/99</u> through <u>10/31/99</u> | | |
| 6. (a) Cash on Hand January <u>9919</u> | | \$ 81,730.08 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 162,106.18 | |
| (c) Total Receipts (from line 19) | \$ 54,477.42 | \$ 555,851.89 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 216,583.60 | \$ 637,581.97 |
| 7. Total Disbursements (from Line 30) | \$ 49,749.66 | \$ 470,748.03 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 166,833.94 | \$ 166,833.94 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ -0- | 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) | \$ -0- | |

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
MARGARET R. BOWEN

Signature of Treasurer
Margaret R. Bowen

Date
11/15/99

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

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FEC FORM 3
(revised 9/93)

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

[revised 1/1/91]

| NAME OF COMMITTEE/SEAFARERS POLITICAL ACTIVITY DONATION SEAFARERS INT'L UNION OF NA - AGLIND | | REPORT COVERING PERIOD FROM: 0/01/99 | RECEIVED FEDERAL ELECTION COMMISSION NOV 24 A 11:46 |
|---|--|---|--|
| | | 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) | | 11,751.50 | 61,087.50 |
| ii. Unitemized | | 42,451.00 | 489,040.28 |
| iii. Total | (add i and ii) | 54,202.50 | 550,127.76 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions | (add a iii, b and c) | 54,202.50 | 550,127.76 |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | -0- | 2,441.36 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | -0- | 1,000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 274.92 | 2,282.77 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts | (add 11d, 12, 13, 14, 15, 16, 17, and 18) | 54,477.42 | 555,851.89 |
| 20. Total Federal Receipts | (subtract line 18 from line 19) | 54,477.42 | 555,851.89 |
| 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 | | 8,699.66 | 94,948.03 |
| c. Total Operating Expenditures | (Add a i, a ii, and b) | 8,699.66 | 94,948.03 |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | 25,000.00 | 266,400.00 |
| 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) | 16,050.00 | 109,400.00 |
| 29. Other Disbursements | | | |
| 30. Total Disbursements | (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | 49,749.66 | 470,748.03 |
| 31. Total Federal Disbursements | (subtract line 21 a ii from line 30) | 49,749.66 | 470,748.03 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | 54,202.50 | 550,127.76 |
| 33. Total Contribution Refunds (from line 28d) | | | |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | 54,202.50 | 550,127.76 |
| 35. Total Federal Operating Expenditures | (add 21 a i and 21 b) | 8,699.66 | 94,948.03 |
| 36. Offsets to Operating Expenditures (from line 15) | | -0- | 2,441.36 |
| 37. Net Operating Expenditures | (subtract line 36 from 35) | 8,699.66 | 92,506.67 |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD

FEC ID No. C00054325

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---------------------------------------|----------------------------------|------------------------------------|
| MUSSED AHMED 7250 EMANON DEARBORN, MI 48126 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 82.50 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date \$ 215.50 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MOSAED ALAWAD 2115 ALAWAI BLVD., #405 HONOLULU, HI 96815 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 63.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date \$ 245.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MOHSIN ALI P.O. BOX 426858 SAN FRANCISCO, CA 94142 | SEALAND SERVICE | 10/31/99 | 92.50 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date \$ 218.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| DONALD ANDERSON RTE. #3 BOX 192 KIRBSYVILLE, TX 77640 | SEAFARERS INT'L UNION OF NA-AGLIWD | 10/31/99 | 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 301.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| EDWARD APERTO 1015 ATLANTIC BLVD., #164 ATLANTIC BECH, FL 32233 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 71.50 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date \$ 245.50 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| SALVATORE AQUILA 8002 OLD PHILADELPHIA RD. BALTIMORE, MD 21237 | SEAFARERS INT'L UNION OF NA-AGLIWD | 10/31/99 | 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 301.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CESAR AVILA 300 AUDREY LN., #344 HOUSTON, TX 77015 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 121.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | MERCHANT SEAMAN | Aggregate Year-To-Date \$ 245.00 | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 486.50 |
| TOTAL This Period (last page this line number only) | |

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD
 FEC ID No. C00004325

| | | |
|---|---|--|
| A. Full Name, Mailing Address and ZIP Code AUGUST AWONG 1229 ALA KAPUNA STREET HONOLULU, HI 96817 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer TYCO SUBMARINE SYSTEMS Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 121.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 302.00 | |
| B. Full Name, Mailing Address and ZIP Code MARID BAJA 4462 LOINA PLACE HONOLULU, HI 96819 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 60.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 213.50 | |
| C. Full Name, Mailing Address and ZIP Code JAMES BARRETT P.O. BOX 1905 CHANNELVIEW, TX 77530 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 175.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 357.00 | |
| D. Full Name, Mailing Address and ZIP Code VICTOR BEATA EC-01 BOX 19311 CABO ROJO, PR 00623 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 75.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 329.50 | |
| E. Full Name, Mailing Address and ZIP Code STEPHEN BLANCHARD 1521 TEMPLE AVE. LONG BEACH, CA 90806 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 74.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 271.00 | |
| F. Full Name, Mailing Address and ZIP Code RICHARD BRADFORD BLUE MARLIN DR. 10020 OCEAN CITY, MD 21842 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 179.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 257.00 | |
| G. Full Name, Mailing Address and ZIP Code TODD BRDAK 48824 JAMICA CHESTERFIELD, MI 48047 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 713.00 |
| TOTAL This Period (last page this line number only) | |

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD

FEC ID No. C00004325

| | | | |
|--|---|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code JAMES BROWN 3872 BIRCHFIELD DRIVE HARVEY, LA 70058 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 | | |
| B. Full Name, Mailing Address and ZIP Code ANDRES CABALLERO 12300 FLEMING ROAD HOUSTON, TX 77013 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 163.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 275.00 | | |
| C. Full Name, Mailing Address and ZIP Code JACK CAFFEY III 5 MIDWOOD ROAD WEST BABYLON, NY 11704 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 287.00 | | |
| D. Full Name, Mailing Address and ZIP Code JACK CAFFEY JR. 5 MIDWOOD ROAD WEST BABYLON, NY 11704 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation VICE PRESIDENT Aggregate Year-To-Date \$ 301.00 | | |
| E. Full Name, Mailing Address and ZIP Code GERALDINE CARTER 320 TURK ST, #601 SAN FRANCISCO, CA 94102 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 315.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 315.00 | | |
| F. Full Name, Mailing Address and ZIP Code NICK CELONA 755 MILLER AVE., S. SAN FRANCISCO, CA 94080 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 | | |
| G. Full Name, Mailing Address and ZIP Code CIRILO CENTENO 1823 MARIAS STREET NEW ORLEANS, LA 70116 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 310.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 310.50 | | |

SUBTOTAL of Receipts This Page (optional) 900.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIND
 FEC ID No. C00004325

| | | | |
|---|---|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code DONNIE COLLINS II 7245 G VILLAGE ROAD KENNER, LA 70065 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 126.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 247.00 | | |
| B. Full Name, Mailing Address and ZIP Code HENRY COMMANGER 1650 AHIHI ST HONOLULU, HI 96819 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 150.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 328.50 | | |
| C. Full Name, Mailing Address and ZIP Code HOMER CORDEE 753 COUNTY LINE ROAD WESTERVILLE, OH 43081 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer UNITED INDUSTRIAL WORKERS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 | | |
| D. Full Name, Mailing Address and ZIP Code DEAN CORSEY 1042 CEANTILLY LANE HOUSTON, TX 77018 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIND | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation VICE PRESIDENT Aggregate Year-To-Date \$ 301.00 | | |
| E. Full Name, Mailing Address and ZIP Code VINCE COSS 165 LOS OLIVOS AVE., #B DALY CITY, CA Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer LONDEBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation SAFETY OFFICER Aggregate Year-To-Date \$ 301.00 | | |
| F. Full Name, Mailing Address and ZIP Code JOHN COSTA P.O. BOX 41171 NEW BEDFORD, MA 02744 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 99.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 203.00 | | |
| G. Full Name, Mailing Address and ZIP Code JOHN COX 3436 FALCON AVENUE LONG BEACH, CA 90807 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIND | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 487.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD
 FEC ID No. C00004325

| | | | |
|---|---|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code AMBROSE CUCINOTTA 936 SOUTHWEST 150TH TERRACE SUNRISE, FL 33326 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 12/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 301.00 | |
| B. Full Name, Mailing Address and ZIP Code EUGENIO DESOUSA 32 RYDER STREET N. DARTMOUTH, MA 02741 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 21.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 273.00 | |
| C. Full Name, Mailing Address and ZIP Code GERARD DHOOGHE 35 FROTHINGHAM ST. MILTON, MA 02186 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 280.00 | |
| D. Full Name, Mailing Address and ZIP Code PHILLIP DIEGO 785 SCHENCK AVE., APT. 5B BROOKLYN, NY 11207 | Name of Employer VARICUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 204.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 487.50 | |
| E. Full Name, Mailing Address and ZIP Code NEIL DIETZ 10105 MADISON AVE., NW BAINBRIDGE ISLAND, WA 98110 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 301.00 | |
| F. Full Name, Mailing Address and ZIP Code WILLIAM DOBBINS 162 LIBERTY STREET COLUMBUS, OH 43140 | Name of Employer UNITED INDUSTRIAL WORKERS | Date (month, day, year) 12/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VICE PRESIDENT | Aggregate Year-To-Date \$ 301.00 | |
| G. Full Name, Mailing Address and ZIP Code JAMES DRYDEN 3422 KALLIN AVE. LONG BEACH, CA 90808 | Name of Employer SEALAND SERVICE CRANE DEPARTMENT | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 144.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 337.50 | |

SUBTOTAL of Receipts This Page (optional) 481.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD

FEC ID No. C50004325

| | | | |
|---|---|--|--|
| A. Full Name, Mailing Address and ZIP Code WILLIAM ECKLES 2206 WASHINGTON AVE. SILVER SPRING, MD 20910 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS VACATION PLAN Occupation ARC SUPERVISOR Aggregate Year-To-Date \$ 301.00 | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | B. Full Name, Mailing Address and ZIP Code BILL ELBIS L. NOTAYLOR RD., SW REYNOLDSBURG, OH 43068 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer UNITED INDUSTRIAL WORKERS Occupation ASST. VICE PRESIDENT Aggregate Year-To-Date \$ 301.00 | Date (month, day, year) 10/31/99 |
| C. Full Name, Mailing Address and ZIP Code ERIC ESPADA HC 01 BOX 15731 COAMO, PR 00769 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 236.00 | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 134.00 |
| | D. Full Name, Mailing Address and ZIP Code JOHN FAY RD 1 BOX 244 BLACKWOOD, NJ 08012 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Occupation EXEC. VICE PRESIDENT Aggregate Year-To-Date \$ 301.00 | Date (month, day, year) 10/31/99 |
| E. Full Name, Mailing Address and ZIP Code HENRY FRANCOIS 267 MATHEWS ST. N. DARTMOUTH, MA 02747 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 273.00 | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 14.00 |
| | F. Full Name, Mailing Address and ZIP Code FRANK GILL 3734 MAGNOLIA AVE. LONG BEACH, CA 90806 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer LUKDEBERG MARYLAND SCHOOL OF SEAMANSHIP Occupation SAFETY OFFICER Aggregate Year-To-Date \$ 301.00 | Date (month, day, year) 10/31/99 |
| G. Full Name, Mailing Address and ZIP Code JAMES HAILSTONE 285 CARRIAGE HILL DR. AURORA, IL 60506 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 249.00 | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 122.00 |

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| SUBTOTAL of Receipts This Page (optional) | 382.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - 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 |
|---|---------------------------------------|----------------------------------|------------------------------------|
| ROBERT HALL 14027 62ND DRIVE, W. EDMONDS, WA 98026 | SEAFARERS INT'L UNION OF NA-AGLIWD | 10/31/99 | 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASST. VICE PRESIDENT | Aggregate Year-To-Date \$ 301.00 | |
| B. Full Name, Mailing Address and ZIP Code ERON HALL 916 15TH AVE. NORTH JACKSONVILLE, FL 32250 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 85.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 220.00 | |
| C. Full Name, Mailing Address and ZIP Code DAVID HEINDEL 44945 SHORE DRIVE CALC TIMBERS, MD 20690 | SEAFARERS INT'L UNION OF NA-AGLIWD | 10/31/99 | 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SECRETARY/TREASURER | Aggregate Year-To-Date \$ 301.00 | |
| D. Full Name, Mailing Address and ZIP Code QUINTIN HERRERA COOP JARDINES DE TRUJILLO TRUJILLO ALTO, PR 00763 | VARIOUS US - FLAG VESSEL OPERATORS | 10/31/99 | 36.50 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 286.50 | |
| E. Full Name, Mailing Address and ZIP Code RICHARD HINDSON P. O. BOX 3544 S. PADRE ISLAND, TX 78597 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 179.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 372.00 | |
| F. Full Name, Mailing Address and ZIP Code DAVID HOLLENBACK P.O. BOX 253 ROANN, IA 48974 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 143.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 207.50 | |
| G. Full Name, Mailing Address and ZIP Code TIMOTHY JACKSON 4950 GOVERNMENT BLVD. #107 MOBILE, AL 36693 | VARIOUS - US FLAG VESSEL OPERATORS | 10/31/99 | 81.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 228.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 582.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD
 FEC ID No. C00004325

| | | | |
|--|--|--|---|
| A. Full Name, Mailing Address and ZIP Code WILLIAM JACKSON P.O. BOX 13133 WEBSTER GROVES, MO 63119 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 301.00 | |
| B. Full Name, Mailing Address and ZIP Code MICHAEL JOHNSON 1119 CAMELLIA DRIVE PALO ALTO, CA 94303 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 97.50 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 202.00 | |
| C. Full Name, Mailing Address and ZIP Code LARRY JOLLA 628 HOMER STREET NEW ORLEANS, LA 70114 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 226.50 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 321.50 | |
| D. Full Name, Mailing Address and ZIP Code STEVE JUDD 4836 ZENITH ST., #112 METAIRIE, LA 70001 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 301.00 | |
| E. Full Name, Mailing Address and ZIP Code TIM KELLEY 14595 REGINA ALLEN PARK, MI 48101 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 287.00 | |
| F. Full Name, Mailing Address and ZIP Code BYRON KELLEY 14595 REGINA ALLEN PARK, MI 48101 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VICE PRESIDENT | Aggregate Year-To-Date \$ 231.00 | |
| G. Full Name, Mailing Address and ZIP Code ED KELLY 3014 OLDE GATE ROAD MOBILE, AL 36695 | Name of Employer LONDBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SAFETY OFFICER | Aggregate Year-To-Date \$ 301.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 464.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLWU
 FEC ID No. C00004325

| | | | | |
|---|--|--|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code DWIGHT KING 825 OWENS STREET PRICHARD, AL 36610 | | Name of Employer LNG Gemini | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 179.00 |
| 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 CRAIG SNORR 160 NE LENNIES LOOP BELFAIR, WA 98528 | | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 145.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 319.00 | |
| C. Full Name, Mailing Address and ZIP Code GARY LAMB 329 WARNER STREET REYNOLDSVILLE, PA 15851 | | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 142.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 263.00 | |
| D. Full Name, Mailing Address and ZIP Code CLYA LEDESMA BETAINIA 9 SAN JUAN, PR 00976 | | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 130.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 210.00 | |
| E. Full Name, Mailing Address and ZIP Code ELLAS LYON 1334 LAUREL LAMARQUE, TX 77568 | | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 94.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 227.50 | |
| F. Full Name, Mailing Address and ZIP Code ROMY LOMANIAN 150 MERCED DRIVE SAN BRUNO, CA 94006 | | Name of Employer SEAFARERS INT'L UNION OF NA-AGLUW | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation PORT REPRESENTATIVE | Aggregate Year-To-Date \$ 301.00 | |
| G. Full Name, Mailing Address and ZIP Code JAMES MALONE 115 THIRD STREET NORFOLK, VA 23510 | | Name of Employer LONDEBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 21.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation SAFETY OFFICER | Aggregate Year-To-Date \$ 280.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 139.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD

FEC ID No. C00004325

| | | | |
|---|--|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code KERMETT MANGRAM 3966 RICA DRIVE VIRGINIA BEACH, VA 23456 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 21.00 |
| | Occupation ASST. VICE PRESIDENT Aggregate Year-To-Date \$ 294.00 | | |
| B. Full Name, Mailing Address and ZIP Code NICK MARRONE 350 FREMONT STREET SAN FRANCISCO, CA 94105 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation VICE PRESIDENT Aggregate Year-To-Date \$ 231.00 | | |
| C. Full Name, Mailing Address and ZIP Code JAMES MCATEE 1639 BARKTOWNE CT, NE #N3 CEDAR RAPIDS, IA 52402 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 66.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 227.50 | | |
| D. Full Name, Mailing Address and ZIP Code PATRICK MCCARTHY 249 KAELEPOLU DRIVE KAILUA, HI 96734 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 265.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 265.00 | | |
| E. Full Name, Mailing Address and ZIP Code RICKY MCCLENTON 40 EAST 19TH ST. JACKSONVILLE, FL 32206 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 60.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 204.50 | | |
| F. Full Name, Mailing Address and ZIP Code JAMES MCGEE 1221 PIERCE STREET HOUSTON, TX 77002 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation ASST. VICE PRESIDENT Aggregate Year-To-Date \$ 287.00 | | |
| G. Full Name, Mailing Address and ZIP Code ANTHONY MCQUAY 290 PAWN RIDGE LANE ORANGE PARK, FL 32073 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 287.00 | | |

SUBTOTAL of Receipts This Page (optional) 497.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD

FEC ID No. C00004325

| | | | |
|---|--|---|--|
| A. Full Name, Mailing Address and ZIP Code MAILE MCWILLIAMS 393 AWAKEA RD. KAILUA, HI 96734 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 84.00 |
| | Occupation MERCHANT SEAMAN Aggregate To-Date \$ 234.50 | Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | |
| B. Full Name, Mailing Address and ZIP Code ANTONIO MERCADO URSLAS AQUILAS CALLE 8118 COAMO, PR 00632 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 63.00 |
| | Occupation MERCHANT SEAMAN Aggregate To-Date \$ 212.50 | Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | |
| C. Full Name, Mailing Address and ZIP Code DENNIS METZ 1216 E. BALTIMORE ST. BALTIMORE, MD 21202 | Name of Employer LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation SAFETY OFFICER Aggregate To-Date \$ 301.00 | Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | |
| D. Full Name, Mailing Address and ZIP Code JOHN MEYERS 1932 SOUTHSORE BLVD. OREGON, OH 43618 | Name of Employer NATCO | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 282.00 |
| | Occupation MERCHANT SEAMAN Aggregate To-Date \$ 282.00 | Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | |
| E. Full Name, Mailing Address and ZIP Code JOSEPH MIELUCHOWSKI 4835 CALIFORNIA AVE., SW SEATTLE, WA 98116 | Name of Employer LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation SAFETY OFFICER Aggregate To-Date \$ 301.50 | Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | |
| F. Full Name, Mailing Address and ZIP Code TRACY MITCHELL 5805 S. CHEROKEE VIRGINIA BEACH, VA 23462 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 266.00 |
| | Occupation MERCHANT SEAMAN Aggregate To-Date \$ 266.00 | Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | |
| G. Full Name, Mailing Address and ZIP Code KENNETH MOORE 2411 GLENWOOD DRIVE PORT ARTHUR, TX 77642 | Name of Employer LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation SAFETY OFFICER Aggregate To-Date \$ 301.00 | Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | |

SUBTOTAL of Receipts This Page (optional) 779.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD
 FEC ID No. C00004325

| | | |
|---|--|---|
| A. Full Name, Mailing Address and ZIP Code EDD MORRIS P.O. BOX 117 PINEY POINT, MD 20674 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 |
| | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 125.00 | |
| B. Full Name, Mailing Address and ZIP Code JOHN NATOLI 402 MAXIM ROAD HOWELL, NJ 07731 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 287.00 |
| | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 60.00 | |
| C. Full Name, Mailing Address and ZIP Code VICTOR MONEZ MARGARITA AD- 1 4TH SECC. LEVITOWN, PR 00950 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 |
| | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 90.50 | |
| D. Full Name, Mailing Address and ZIP Code GEORGE GEARLE 2618 E. FARIMONT AVE. BALTIMORE, MD 21224 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 |
| | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | |
| E. Full Name, Mailing Address and ZIP Code TRACY ORNELLAS 215 PAOKALANI AVE., #9 HONOLULU, HI 96815 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 |
| | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | |
| F. Full Name, Mailing Address and ZIP Code BENNY OROSCO 1425 KAUMUALII ST, #126 HONOLULU, HI 96817 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 |
| | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | |
| G. Full Name, Mailing Address and ZIP Code TOM DRABCHOWSKI 7 GARDEN RIDGE LAWRENCEBURG, IN 47025 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 |
| | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 387.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
SEAFARER POLITICAL ACTIVITY DONATION
SEAFARERS INT'L UNION OF NA - AGLIWD

FEC ID No. C00004325

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|---|--|
| A. Full Name, Mailing Address and ZIP Code LAMAR PARKER P.O. BOX 636 PINE STREET ST. FRANCISVILLE, LA 70775 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 64.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 247.50 |
| B. Full Name, Mailing Address and ZIP Code LONNIE PARTRIDGE 108 N. PENCE EAST ALTON, IL 62024 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 |
| C. Full Name, Mailing Address and ZIP Code AMOS PETERS #211 EST. CONTANT ST. THOMAS, VI 00801 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer UNITED INDUSTRIAL WORKERS Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 |
| | Occupation VICE PRESIDENT Aggregate Year-To-Date \$ 301.00 |
| D. Full Name, Mailing Address and ZIP Code CARL BETH 158 LOCUST ROAD VALLEY LEE, MD 20692 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer LUNCEBERG MARYLAND SCHOOL OF SEAMANSHIP Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 |
| | Occupation SAFETY OFFICER Aggregate Year-To-Date \$ 301.00 |
| E. Full Name, Mailing Address and ZIP Code XUAN PHAN 1610 MOLINO AVE. LONG BEACH, CA 90804 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEALAND CRANE DEPT. Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 71.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 231.00 |
| F. Full Name, Mailing Address and ZIP Code BRYAN POWELL P.O. BOX 948 BAKERSFIELD, CA 93302 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 211.00 |
| G. Full Name, Mailing Address and ZIP Code FRYE PRICE 3136 ILLINOIS AVE. NORFOLK, VA Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month, day, year) 10/31/99 Amount of Each Receipt this Period 316.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 316.00 |

SUBTOTAL of Receipts This Page (optional) 563.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWA

FEC ID No. C00004325

| | |
|---|--|
| A. Full Name, Mailing Address and ZIP Code MONTE PRYOR 350 FREMONT STREET SAN FRANCISCO, CA 94105 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month day, year) 10/31/99 Amount of Each Receipt this Period 149.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 410.00 |
| B. Full Name, Mailing Address and ZIP Code ALEX RELOJO 3449 INVICTA WAY SAN JOSE, CA 95118 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month day, year) 10/31/99 Amount of Each Receipt this Period 126.50 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 272.50 |
| C. Full Name, Mailing Address and ZIP Code MARCOS RIVERA RR#6 BOZON 11636 SAN JUAN, PR 00926 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month day, year) 10/31/99 Amount of Each Receipt this Period 204.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 204.00 |
| D. Full Name, Mailing Address and ZIP Code ROMEO RIVERA 618 W. OLIVE STREET INGLEWOOD, CA 90301 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month day, year) 10/31/99 Amount of Each Receipt this Period 187.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 268.50 |
| E. Full Name, Mailing Address and ZIP Code NORMAN ROGERS 1051 JACKS BRANCH ROAD CANTONMENT, FL 32533 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month day, year) 10/31/99 Amount of Each Receipt this Period 139.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 207.00 |
| F. Full Name, Mailing Address and ZIP Code LAWRENCE ROSE 4353 MAXWELL DR. MELBOURNE, FL 32935 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Date (month day, year) 10/31/99 Amount of Each Receipt this Period 156.00 |
| | Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 220.50 |
| G. Full Name, Mailing Address and ZIP Code STEVE RUIZ RT. 249 BOX 75 PINEY POINT, MD 20674 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer LUNDBERG MARYLAND SCHOOL OF SEAMANSHIP Date (month day, year) 10/31/99 Amount of Each Receipt this Period 28.00 |
| | Occupation SAFETY OFFICER Aggregate Year-To-Date \$ 224.00 |

SUBTOTAL of Receipts This Page (optional) 989.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
SEAFARER POLITICAL ACTIVITY DONATION
SEAFARERS INT'L UNION OF NA - AGLIND

FEC ID No. CD0004325

| | | | |
|---|--|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code ALLEN RUMTON 2933 E PIERSON STREET PHOENIX, AZ 85016 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 145.00 |
| | Occupation MERCHANT SEAMAN Aggregate Total \$ 215.00 | | |
| B. Full Name, Mailing Address and ZIP Code SEAN RYAN 327 MILBURN AVE. LYNDEHORST, NJ 07071 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIND | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate Total \$ 287.00 | | |
| C. Full Name, Mailing Address and ZIP Code MICHAEL SACCO 834 KINSWOOD LANE ST. LOUIS, MO 63219 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIND | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PRESIDENT Aggregate Total \$ 301.00 | | |
| D. Full Name, Mailing Address and ZIP Code QASIM SAEBD P.O. BOX 2252 TACOMA, WA 98401 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 242.00 |
| | Occupation MERCHANT SEAMAN Aggregate Total \$ 242.00 | | |
| E. Full Name, Mailing Address and ZIP Code ALI SALEH P.O. BOX 11306 TACOMA, WA 98401 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 96.00 |
| | Occupation MERCHANT SEAMAN Aggregate Total \$ 230.00 | | |
| F. Full Name, Mailing Address and ZIP Code CLARENCE SANFAY 107 GUILD HALL DRIVE COLUMBIA, SC 29212 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 221.00 |
| | Occupation MERCHANT SEAMAN Aggregate Total \$ 221.00 | | |
| G. Full Name, Mailing Address and ZIP Code JOSE SANTOS 501 CROCKER AVE. DALY CITY, CA 94014 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 128.00 |
| | Occupation MERCHANT SEAMAN Aggregate Total \$ 254.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 888.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIND

FEC ID No. C00004325

| | | | | | |
|---|---|------------------------------------|--|------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code PATRICK SCOTT 34264 CAMINO CAPISTRANO CARP. BEACH, CA 92524 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 226.50 | Date (month day, year) 10/31/99 | Amount of Each Receipt this Period 70.50 | | |
| | B. Full Name, Mailing Address and ZIP Code ROBERT SELZER 3378 12TH AVENUE BROOKLYN, NY 10306 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | | |
| Name of Employer SEAFARERS INT'L UNION OF NA-AGLIND Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 273.00 | | Date (month day, year) 10/31/99 | Amount of Each Receipt this Period 21.00 | | |
| C. Full Name, Mailing Address and ZIP Code JACK SHEEHAN JR. 62 BAY TERRACE STATEN ISLAND, NY 10306 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | Name of Employer LUNDBERG MARYLAND SCHOOL OF SEAMANSHIP Occupation SAFETY OFFICER Aggregate Year-To-Date \$ 301.00 | Date (month day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| D. Full Name, Mailing Address and ZIP Code DENYSE SINGERH P.O. BOX 817 CALLAHAN, FL 32011 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 245.00 | Date (month day, year) 10/31/99 | Amount of Each Receipt this Period 77.00 |
| E. Full Name, Mailing Address and ZIP Code RAY SINGLETARY 2970 COLLEGE STREET SLIDELL, LA 70458 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIND Occupation PORT REPRESENTATIVE Aggregate Year-To-Date \$ 301.00 | Date (month day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| F. Full Name, Mailing Address and ZIP Code REBECCA SLEEPER 4591 GRAYOIS AVE. ST. LOUIS, MO 63116 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | Name of Employer LUNDBERG MARYLAND SCHOOL OF SEAMANSHIP Occupation SAFETY OFFICER Aggregate Year-To-Date \$ 301.00 | Date (month day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| G. Full Name, Mailing Address and ZIP Code DARRYL SMITH P.O. BOX 58 CAMBRIDGE, ID 83610 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS Occupation MERCHANT SEAMAN Aggregate Year-To-Date \$ 266.00 | Date (month day, year) 10/31/99 | Amount of Each Receipt this Period 120.00 |

SUBTOTAL of Receipts This Page (optional) 372.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD

FEC ID No. C00004325

| | | | |
|--|--|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code JESSE SOLIS 823 REALTY STREET CARSON, CA 90745 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWC | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate To Date \$ 301.00 | | |
| B. Full Name, Mailing Address and ZIP Code JOSEPH SORESI P.O. BOX 363 POCONG LAKE, PA 18347 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation PORT REPRESENTATIVE Aggregate To Date \$ 280.00 | | |
| C. Full Name, Mailing Address and ZIP Code LARITO BOSCON 33524 4TH AVE., SW FEDERAL WAY, WA 98023 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 306.00 |
| | Occupation MERCHANT SEAMAN Aggregate To Date \$ 306.00 | | |
| D. Full Name, Mailing Address and ZIP Code STEVE STEPANSKI P.O. BOX 313 ALPENA, MI 49707 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 70.00 |
| | Occupation MERCHANT SEAMAN Aggregate To Date \$ 202.50 | | |
| E. Full Name, Mailing Address and ZIP Code LARRY STEVENS 908 E. 25TH PLAZA PANAMA CITY, FL 32405 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 224.00 |
| | Occupation MERCHANT SEAMAN Aggregate To Date \$ 224.00 | | |
| F. Full Name, Mailing Address and ZIP Code JAMES STORM 2455-A HUENA ST. HONOLULU, HI 96817 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer LONDBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation SAFETY OFFICER Aggregate To Date \$ 301.00 | | |
| G. Full Name, Mailing Address and ZIP Code AUGUSTIN TELLEZ 6611 COYOTE CT. WALDORF, MD 20603 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| | Occupation VICE PRESIDENT Aggregate To Date \$ 301.00 | | |

SUBTOTAL of Receipts This Page (optional) 712.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD
 FEC ID No. C00004325

| | | | |
|---|---|--|---|
| A. Full Name, Mailing Address and ZIP Code DONALD THORNTON P.O. BOX 452 ALGONAC, XZ 49001 | Name of Employer LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SAFETY OFFICER | Aggregate Year-To-Date \$ 301.00 | |
| B. Full Name, Mailing Address and ZIP Code MICHAEL TODMAN P.O. BOX 6310 NEW ORLEANS, LA 70174 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 216.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 216.00 | |
| C. Full Name, Mailing Address and ZIP Code LARRY TOSTON 2736 15TH AVENUE OAKLAND, CA 94607 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 177.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 260.50 | |
| D. Full Name, Mailing Address and ZIP Code GEORGE TRICKER 5201 4JTH WAY CAMP SPRINGS, MD 20746 | Name of Employer SEAFARERS INT'L UNION OF NA-AGLIWD | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ASST. VICE PRESIDENT | Aggregate Year-To-Date \$ 245.00 | |
| E. Full Name, Mailing Address and ZIP Code MARSHALL TURNER 1262 CEARMAINE CR. MOBILE, AL 36605 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 150.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 283.00 | |
| F. Full Name, Mailing Address and ZIP Code PATRICK VANDEGRIFT 115 THIRD STREET NORFOLK, VA 23510 | Name of Employer LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 28.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SAFETY OFFICER | Aggregate Year-To-Date \$ 301.00 | |
| G. Full Name, Mailing Address and ZIP Code JOHN WALSH 195 AVE., ARTERIAL DE HOSTO APT. 4012 SAN JUAN, PR 00918 | Name of Employer VARIOUS - US FLAG VESSEL OPERATORS | Date (month, day, year) 10/31/99 | Amount of Each Receipt this Period 130.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation MERCHANT SEAMAN | Aggregate Year-To-Date \$ 328.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 757.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWD
 FEC ID No. C00004325

| | | | |
|--|--|--|---|
| <p>A. Full Name, Mailing Address and ZIP Code CHRISTIAN WESTBROOK 3501 APOLLO DR., APT. 235E METAIRIE, LA 70003</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer LUNDBERG MARYLAND SCHOOL OF SEAMANSHIP</p> <p>Occupation SAFETY OFFICER</p> <p>Aggregate Year-To-Date \$ 301.00</p> | <p>Date (month, day, year) 10/31/99</p> | <p>Amount of Each Receipt this Period 28.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code SPARKY WILKINSON 1558 SUNSET STREET SLIDELL, LA 70460</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer VARIOUS - US FLAG VESSEL OPERATORS</p> <p>Occupation MERCHANT SEAMAN</p> <p>Aggregate Year-To-Date \$ 209.00</p> | <p>Date (month, day, year) 10/31/99</p> | <p>Amount of Each Receipt this Period 209.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code CHRIS WILLIAMS 818 HURLBUST ST., APT. 8-7 PIEDRA, IL 61605</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer VARIOUS - US FLAG VESSEL OPERATORS</p> <p>Occupation MERCHANT SEAMAN</p> <p>Aggregate Year-To-Date \$ 307.00</p> | <p>Date (month, day, year) 10/31/99</p> | <p>Amount of Each Receipt this Period 170.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code JOHN YATES 7827 WOODPOINTE DRIVE PENSACOLA, FL 32514</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer VARIOUS - U.S. FLAG VESSEL OPERATORS</p> <p>Occupation MERCHANT SEAMAN</p> <p>Aggregate Year-To-Date \$ 317.50</p> | <p>Date (month, day, year) 10/31/99</p> | <p>Amount of Each Receipt this Period 61.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code DOUGLAS YOUNG 2391 AHAKAPO ST. PEARL CITY, HI 96782</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer VARIOUS - US FLAG VESSEL OPERATORS</p> <p>Occupation MERCHANT SEAMAN</p> <p>Aggregate Year-To-Date \$ 206.50</p> | <p>Date (month, day, year) 10/31/99</p> | <p>Amount of Each Receipt this Period 101.50</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

| | |
|---|------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>569.50</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p>11,751.50</p> |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIND

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 |
|---|------------------------------------|------------------------------------|------------------------------------|
| FARMERS BANK - MARYLAND 4710 ROUTH PLACE CAMP SPRINGS, MD 20746 | INTEREST - MONEY MARKET ACCOUNT | 10/31/99 | 274.92 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-To-Date \$ 2,282.67 | |
| 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) | 274.92 |
| TOTAL This Period (last page this line number only) | 274.92 |

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SEAFARER POLITICAL ACTIVITY DONATION
SEAFARERS INT'L UNION OF NA - 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 |
|---|--|-------------------------|---|
| ROBERT MCGLOTTER 1901 L ST., NW, SUITE 300 WASHINGTON, DC 20036 | POLITICAL ANALYST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/01/99 | 5,500.00 |
| B. Full Name, Mailing Address and ZIP Code G. WAYNE SMITH THE POTOMAC GROUP 816 CONNECTICUT AVE., NW WASHINGTON, DC 20036 | POLITICAL ANALYST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/01/99 | 2,500.00 |
| C. Full Name, Mailing Address and ZIP Code DENNIS METZ 1216 E. BALTIMORE ST. BALTIMORE, MD 21202 | LEGISLATIVE DISCUSSION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/99 | 75.53 |
| D. Full Name, Mailing Address and ZIP Code NATIONAL DEMOCRATIC CLUB 30 IVY STREET, SE WASHINGTON, DC 20003-4071 | CLUB CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/13/99 | 411.50 |
| E. Full Name, Mailing Address and ZIP Code BELL ATLANTIC MOBILE P.O. BOX 4009 SILVER SPRING, MD 20914 | PHONE EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/04/99 | 158.34 |
| 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) 8,649.37

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

| | | |
|--|--------|------|
| Use separate schedule for each category of Detailed Summary Page | PAGE 2 | OF 2 |
| FOR LINE NUMBER 21b | | |

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NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIWO
 FEC ID No. C00034325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| XBNA AMERICA BUSINESS CARD P.O. BOX 13469 WILMINGTON, DE 19886-5469 | MONTHLY CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/04/99 | |
| B. Full Name, Mailing Address and ZIP Code TGI FRIDAYS VIENNA, VA | LEGISLATIVE DISCUSSION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 08/27/99 | 18.54 |
| C. Full Name, Mailing Address and ZIP Code RIC GRANDE CAFE RESTON, VA | LEGISLATIVE DISCUSSION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/01/99 | 25.16 |
| D. Full Name, Mailing Address and ZIP Code AMPHORA RESTAURANT VIENNA, VA | LEGISLATIVE DISCUSSION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/02/99 | 10.59 |
| 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) | 54.29 |
| TOTAL This Period (last page this line number only) | 8,699.66 |

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - 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 |
|--|---|-------------------------|---|
| FEINSTEIN 2000 909 MONTGOMERY ST., STE. 400 SAN FRANCISCO, CA 94133 | D-CA-SEN-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/27/99 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| CITIZENS FOR WATERS 555 S. FLOWER STREET SUITE 4510 LOS ANGELES, CA 90071 | D-CA-35-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/99 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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| SUBTOTAL of Disbursements This Page (optional) | 1,500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)

SEAFARER POLITICAL ACTIVITY DONATION
SEAFARERS INT'L UNION OF NA - AGLIND

FEC ID No. C00094325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
|--|--|---|---|
| PRITSY T. MINK CAMPAIGN COMMITTEE 1946 PAULA DRIVE HONOLULU, HI 96816 | D-HI-02-2030 10/15/99 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | 500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Date (month, day, year) | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NB. - AGLIND
 FEC ID No. C03004325

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| FRIENDS OF MARY LANDRIEU 58156 COURT STREET PLAQUEMINE, LA 70764 | D-LA-SEN-2002 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/19/99 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| JEFFERSON COMMITTEE 650 POYDRAS STREET SUITE 2245 NEW ORLEANS, LA 70130 | D-LA-05-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/27/99 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional) 2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

SEAFARER POLITICAL ACTIVITY DONATION
SEAFARERS INT'L UNION OF NA - AGLIND

FEC ID No. C0004325

| 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 85 PREBLE STREET, 2ND FL. PORTLAND, ME 04101 | D-ME-01-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/27/99 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| BALDACCI FOR CONGRESS P.O. BOX 623 BANGOR, ME 04402 | D-ME-02-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/04/99 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | 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 Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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| SUBTOTAL of Disbursements This Page (optional) | 1,000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

SEAFARER POLITICAL ACTIVITY DONATION
SEAFARERS INT'L UNION OF NA - 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 |
|---|--|-------------------------|---|
| HOYER FOR CONGRESS 7905 MALCOLM RD., STE. 102 CLINTON, MD 20735 | D-MD-05-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/99 | 1,000.00 |
| 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 |
| 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) 1,000.00

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)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLINC
 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 |
|---|---|-------------------------|---|
| STABENOW FOR J.S. SENATE P.O. BOX 4945 E. LANSING, MI 48826 | D-MI-SEN-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/19/99 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code ABRAHAM SENATE 2000 26600 TELEGRAPH RD, STE. 410 SOUTHFIELD, MI 48034 | R-MI-SEN-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/27/99 | 1,000.00 |
| 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) | 2,000.00 |
| 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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLIOW

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 |
|--|---|-------------------------|---|
| CARNAHAN FOR SENATE 406 N. MAIN STREET ROLLA, MO 65401 | D-MC-SEN-2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/20/99 | 2,500.00 |
| 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) | 2,500.00 |
| 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 for purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - ASLWE
 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 |
|--|--|-------------------------|---|
| FRIENDS OF MIKE FORBES FOR CONGRESS COMMITTEE 240 BECHOWITH AVE. PO BOX 500 SOUTHOLD, NY 11971 | C-NY-01-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/14/99 | 4,000.00 |
| B. Full Name, Mailing Address and ZIP Code LAZIC FOR CONGRESS 72 EAST MAIN ST., SUITE 4 BABYLON, NY 11702 | R-NY-02-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/27/99 | 1,000.00 |
| 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) | 5,000.00 |
| 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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - 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 |
|---|--|-------------------------|---|
| HGEFFEL FOR CONGRESS 24 W. AIRY STREET NORRISTOWN, PA 19401 | D-PA-13-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/19/99 | 1,000.00 |
| 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) | 1,000.00 |
| 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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - AGLWD

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 |
|--|--|-------------------------|---|
| MAX SANDLIN FOR CONGRESS P.O. BOX 70621 WASHINGTON, DC 20024 | D-TX-01-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/14/99 | 4,500.00 |
| B. Full Name, Mailing Address and ZIP Code LAMPSON FOR CONGRESS 2000 P.O. BOX 21578 BEAUMONT, TX 77720 | D-TX-09-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/19/99 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code LOY SNEARY FOR CONGRESS COMMITTEE P.O. BOX 187 BAY CITY, TX 77404 | D-TX-14-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/19/99 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code MARTIN FROST CAMPAIGN COMMITTEE P.O. BOX 4219 DALLAS, TX 75208 | D-TX-24-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/14/99 | 3,000.00 |
| 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) 8,500.00

TOTAL This Period (last page this line number only) 25,000.00

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
 SEAFARER POLITICAL ACTIVITY DONATION
 SEAFARERS INT'L UNION OF NA - 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 |
|---|---|-------------------------|---|
| ACORN ASSOCIATES, INC. 2101 MAIN STREET LITTLE ROCK, AR 72206 | GOTV PROJECT LA 1993 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/20/99 | 5,000.00 |
| B. Full Name, Mailing Address and ZIP Code LONE STAR FUND P.O. BOX 75214 WASHINGTON, DC 20013 | Purpose of Disbursement NAT'L/NON-RELATED 99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/14/99 | 4,000.00 |
| C. Full Name, Mailing Address and ZIP Code R.I. POLITICAL ACTION COMMITTEE (RIPAC), INC. 750 ELMGROVE AVE. PROVIDENCE, RI 02906 | Purpose of Disbursement NAT'L/NON-RELATED 99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/19/99 | 1,500.00 |
| D. Full Name, Mailing Address and ZIP Code ELECTION FUND OF JOAN QUIGLEY 384 FAIRMONT AVE. JERSEY CITY, NJ 07306 | Purpose of Disbursement D-NJ STATE & LOCAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/14/99 | 250.00 |
| E. Full Name, Mailing Address and ZIP Code ANTHONY IMPREDUTO FUND 1066 FLORAL TERRACE SECAUCUS, NJ 07094 | Purpose of Disbursement D-NJ STATE & LOCAL 99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/14/99 | 300.00 |
| F. Full Name, Mailing Address and ZIP Code OLD DOMINION GRASSROOTS CAMPAIGN 424 C STREET, NE WASHINGTON, DC | Purpose of Disbursement D-VA STATE & LOCAL 99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/24/99 | 5,000.00 |
| 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) 16,050.00

TOTAL This Period (last page this line number only) 16,050.00

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 11-18-99 |
| <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>SM</i> | 11-24-99 |
| PREPARER | DATE PREPARED |