

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

SEP 21 11 13 AM '98

1. NAME OF COMMITTEE (in full) SEAFARERS POLITICAL ACTIVITY DONATION SEAFARERS INTL UNION OF N.A. - AGLIWD		2. FEC IDENTIFICATION NUMBER CD0DD4325
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5201 AUTH WAY		
CITY, STATE and ZIP CODE CAMP SPRINGS, MARYLAND 20746		
		3. <input type="checkbox"/> This committee has qualified as a multicand 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>08/01/98</u> through <u>08/31/98</u>		
6. (a) Cash on Hand January <u>1, 1998</u>		\$ 142122.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 77167.01	
(c) Total Receipts (from line 18)	\$ 54894.66	\$ 439751.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 132061.67	\$ 581874.59
7. Total Disbursements (from Line 30)	\$ 52308.78	\$ 502121.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 79752.89	\$ 79752.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of ~~Treasurer~~ Assistant Treasurer
Thomas J. DeVivio

Signature of ~~Treasurer~~ Assistant Treasurer _____ Date 9/18/98

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

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

(revised 1/1/91)

NAME OF COMMITTEE: SEAFARERS POLITICAL ACTIVITY DONATION		REPORT COVERING PERIOD	
SEAFARERS INTL UNION OF N.A. -AGLIWD		FROM: 08/01/98	TO: 08/31/98
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		10542.00	39732.50
ii. Unitemized		44184.00	398180.25
iii. Total	(add i and ii)	54726.00	437912.75
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a iii, b and c)	54726.00	437912.75
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18)	54894.66	439751.73
20. Total Federal Receipts	(subtract line 18 from line 19)	54894.66	439751.73
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		12372.28	104137.70
c. Total Operating Expenditures	(Add a i, a ii, and b)	12372.28	104137.70
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			145.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(Add a, b and c)		145.00
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	52308.78	502121.70
31. Total Federal Disbursements	(subtract line 21 a ii from line 30)	52308.78	502121.70
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			
		54726.00	437912.75
33. Total Contribution Refunds (from line 28d)			
			145.00
34. Net Contributions (other than loans)(subtract line 33 from 32)			
		54726.00	437767.75
35. Total Federal Operating Expenditures (add 21 a i and 21 b)			
		12372.28	104137.70
36. Offsets to Operating Expenditures (from line 15)			
		28.00	52.27
37. Net Operating Expenditures (subtract line 36 from 35)			
		12344.28	104085.43

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AHMED, AHMED 2318 2ND AVENUE APT 618 SEATTLE, WA 98121	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	280.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	280.50
B. Full Name, Mailing Address and ZIP Code ANDERSON, DONALD RTE #3 BOX 192 KIRSBYVILLE, TX 77640	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
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
C. Full Name, Mailing Address and ZIP Code AQUIA, SALVATORE 8002 OLD PHILADELPHIA ROAD BALTIMORE, MD 21237	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT	Aggregate Year-To-Date\$	245.00
D. Full Name, Mailing Address and ZIP Code BECKWITH, ROBERT 12330 E HEDDA DRIVE CERRITOS, CA 90701	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	280.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	280.00
E. Full Name, Mailing Address and ZIP Code BERMEO, OSWALD P.O. BOX 560871 GUAYANILLA, PR 00656	SEALAND SERVICES - CRUSADER	08/31/98	140.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	207.50
F. Full Name, Mailing Address and ZIP Code BRDAK, TODD 48824 JAMICA CHESTERFIELD, MI 48047	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Aggregate Year-To-Date\$	245.00
G. Full Name, Mailing Address and ZIP Code BYRNE, WILLIAM P.O. BOX 5085 NAVARRE, FL 23566	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	259.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	259.00

SUBTOTAL of Receipts This Page (optional)	1064.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
	2	15
FOR LINE NUMBER		11a1

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

A. Full Name, Mailing Address and ZIP Code CAFFEY, JACK 5 MIDWOOD ROAD BABYLON, NY 11704 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
	Occupation PATROLMAN Aggregate Year-To-Date\$ 262.00		
B. Full Name, Mailing Address and ZIP Code CAFFEY, JACK 5 MIDWOOD ROAD BABYLON, NY 11704 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
	Occupation VICE PRESIDENT Aggregate Year-To-Date\$ 245.00		
C. Full Name, Mailing Address and ZIP Code CARSON, JOSEPH 957 BALTIMORE STREET MOBILE, AL 36605 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 310.00
	Occupation MERCHANT SEAMAN Aggregate Year-To-Date\$ 310.00		
D. Full Name, Mailing Address and ZIP Code CARTER, DAVID 2236 BROOKSIDE DRIVE JAUTIER, MS 39553 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
	Occupation PORT AGENT Aggregate Year-To-Date\$ 245.00		
E. Full Name, Mailing Address and ZIP Code CASTRO, MAURICIO 2023 NO JOHNSON STREET NEW ORLEANS, LA 70116 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 217.00
	Occupation MERCHANT SEAMAN Aggregate Year-To-Date\$ 217.00		
F. Full Name, Mailing Address and ZIP Code CELONA, NICK 2530 CATALPA WAY SAN BRUNO, CA 94066 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
	Occupation PORT AGENT Aggregate Year-To-Date\$ 245.00		
G. Full Name, Mailing Address and ZIP Code CHAN, SIU 1136 HOMESTEAD AVENUE METAIRIE, LA 70005 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BAY TANKER, INC.	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 125.00
	Occupation MERCHANT SEAMAN Aggregate Year-To-Date\$ 334.00		

SUBTOTAL of Receipts This Page (optional)	792.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD **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
CHARLES, TONY 904 BOHNE ROAD METAIRIE, LA 70005	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PATROLMAN	Aggregate Year-To-Date: 245.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CORDLE, HOMER 753 COUNTY LINE ROAD WBSTERVILLE, OH 43081	UNITED INDUSTRIAL WORKERS OF N.A.	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	REPRESENTATIVE	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
CORDOVA, LEONTE 3520 WALL BLVD NEW ORLEANS, LA 70114	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CORGEY, DEAN 1042 CHANTILLY LANE HOUSTON, TX 77015	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	VICE PRESIDENT	Aggregate Year-To-Date: 245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COSS, VINCENT 585 SKYLINE DRIVE DALY CITY, CA 94015	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	REPRESENTATIVE	Aggregate Year-To-Date: 245.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COX, JOHN 3436 FALCON AVENUE LONG BEACH, CA 90807	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PORT AGENT	Aggregate Year-To-Date: 245.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CUCINOTTA, AMBROSE 936 SOUTHWEST 150TH TERRACE SUNRISE, FL 33326	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PORT AGENT	Aggregate Year-To-Date: 245.00	

SUBTOTAL of Receipts This Page (optional)	331.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		11a1

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DESOUSA, EUGENIO 82 RYDER STREET N. DARTMOUTH, MA 02741	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	21.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PATROLMAN	Aggregate Year-To-Date: 245.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DHOOGGE, GERARD 35 FROTHINGHAM STREET N. DARTMOUTH, MA 02741	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	REPRESENTATIVE	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
DISSO, LOUIE 32611 7TH AVENUE SW FEDERAL WAY, WA 98023	SEALAND SHOREGANG	08/31/98	120.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIETZ, NEIL 94-076 A'AAHI PLACE MILILANI, HI 96789	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PORT AGENT	Aggregate Year-To-Date: 245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOBBINS, WILLIAM 162 LIBERTY STREET COLUMBUS, OH 43140	UNITED INDUSTRIAL WORKERS OF N.A.	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	VICE PRESIDENT	Aggregate Year-To-Date: 245.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ECKLES, WILLIAM 2206 WASHINGTON AVENUE SILVER SPRING, MD 20910	SEAFARERS VACATION PLAN	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DIR. OF REHAB.	Aggregate Year-To-Date: 203.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARDS, WILLIAMS 416 POPLAR HALL CIRCLE NORFOLK, VA 23502	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	157.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 227.50	

SUBTOTAL of Receipts This Page (optional)	438.00
TOTAL This Period (last page this line number only)	

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLIS, BILLY 17220 FIVE POINTS PARK MT. STERLING, OH 43143	UNITED INDUSTRIAL WORKERS OF N.A.	08/31/98	35.00
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
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLIS, JR ALBERT 1704 21ST AVENUE, APT 2 GULFPORT, MS 39501	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	244.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	244.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FAY, JOHN 793 SOMMERDALE ROAD BLACKWOOD, NJ 08012	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXEC. VICE PRESIDENT	Aggregate Year-To-Date	245.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FITZGERALD, TIMOTHY 115 SOUTH 364TH STREET ROY, WA 98580	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date	245.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOSTER, MORRIS 5045 LINDEN AVENUE BATON ROUGE, LA 70805	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	266.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	266.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCOIS, HENRI 267 MATHEWS STREET N. DARTMOUTH, MA 02747	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	42.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT	Aggregate Year-To-Date	252.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GILL, FRANK 3734 MAGNOLIA AVENUE LONG BEACH, CA 90806	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date	245.00

SUBTOTAL of Receipts This Page (optional)	692.50
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIND

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GONZALEZ, EUSEBIO P.O. BOX 2832 GUAYAMA, PR 00654	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	208.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	208.00
B. Full Name, Mailing Address and ZIP Code HACKENSMITH, RONALD 1603 LACKAWANNA SUPERIOR, WI 54880	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	62.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	316.00
C. Full Name, Mailing Address and ZIP Code HALL, ROBERT 14027 62ND DRIVE WEST EDMONDS, WA 98026	SEAFARERS INTL UNION OF N.A. - AGLIND	08/31/98	35.00
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
D. Full Name, Mailing Address and ZIP Code HAZZARD, CALVIN 906 W. VICTORY DRIVE MOBILE, AL 36606	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	222.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	222.00
E. Full Name, Mailing Address and ZIP Code HEINDEL, DAVID 44945 SHORE DRIVE TALL TIMBERS, MD 20690	SEAFARERS INTL UNION OF N.A. - AGLIND	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY/TREASURER	Aggregate Year-To-Date\$	238.00
F. Full Name, Mailing Address and ZIP Code HILTBRUNER, GORDON 20180 E LOLO PASS ROAD ZIGZAG, OR 97049	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	62.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	207.00
G. Full Name, Mailing Address and ZIP Code HOCKMAN, JENNINGS P.O. BOX 3814 WINCHESTER, VA 22604	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	378.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	378.00

SUBTOTAL of Receipts This Page (optional) 1002.00

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. -AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACKSON, DEAN 36 MONROE STREET #D-1-4 NEW YORK, NY 10002	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	223.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	223.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACKSON, WILLIAM 23 MIDPARK LANE ST. LOUIS, MO 63124	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	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
JENSEN, CHRISTOPHER 4800 LAMONTE LANE HOUSTON, TX 77092	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	225.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	295.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JONES, SEAN P.O. BOX 397 BRUNSWICK, MA 04011	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	310.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	310.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDD, STEPHEN 836 WEST WM. DAVID PARKWAY METAIRIE, LA 70005	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date\$	245.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEFFER, PAUL 3105 CAMBRIDGE DRIVE PT. PLEASANT, NJ 08742	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	129.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KELLY, EDWARD 3014 OLDE GATE ROAD MOBILE, AL 36695	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date\$	245.00

SUBTOTAL of Receipts This Page (optional) 992.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KICSAK, JOHN 521 BOISSEVAIN AVENUE, B-23 NORFOLK, VA 23507	VARIOUS U.S. FLAG VESSEL OPERATORS	08/31/98	137.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 262.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEE, MARTIN 13893 TIFFANY PINE CIRCLE JACKSONVILLE, FL 32225	CROWLEY AMERICAN TRANSPORT LINES	08/31/98	226.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 226.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEWIS, SHELIA P.O. BOX 784 LIVINGSTON, LA 70754	MEARSK LINES	08/31/98	125.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 246.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUMANLAN, ROMEO 191 ORANGE BLOSSOM CIRCLE FOLSOM, CA 95630	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	REPRESENTATIVE	Aggregate Year-To-Date: 245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MALONE, JAMES 115 THIRD STREET NORFOLK, VA 23510	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PORT AGENT	Aggregate Year-To-Date: 245.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MANGRAM, KERMETT 122 LONG POND LANE STATEN ISLAND, NY 10304	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	21.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ASST. VICE PRESIDENT	Aggregate Year-To-Date: 245.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATSOS, PAUL P.O. BOX 157 2040 POLK STREET SAN FRANCISCO, CA 94109	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	255.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 255.00	

SUBTOTAL of Receipts This Page (optional)	834.00
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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCGEE, JAMES 630 JACKSON AVENUE NEW ORLEANS, LA 70130 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SEAFARERS INTL UNION OF N.A. - AGLIWD Occupation PORT AGENT Aggregate Year-To-Date\$ 245.00	08/31/98	35.00
MCQUAY, ANTHONY 290 FAWN RIDE LANE ORANGE PARK, FL 32073 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SEAFARERS INTL UNION OF N.A. - AGLIWD Occupation PORT AGENT Aggregate Year-To-Date\$ 245.00	08/31/98	35.00
MERCADO, ANTONIO URBELAS AQUILAS CALLE 8118 COAMO, PR 00632 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	VARIOUS U.S. - FLAG VESSEL OPERATORS Occupation MERCHANT SEAMAN Aggregate Year-To-Date\$ 250.50	08/31/98	113.00
MERCER, ROY 4015 SEVEN HILLS ROAD CASTRO VALLEY, CA 94546 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SEAFARERS INTL UNION OF N.A. - AGLIWD Occupation V.P. - GOVT SERV DIV Aggregate Year-To-Date\$ 350.00	08/31/98	50.00
METZ, DENNIS 6827 BONNIE RIDGE DRIVE #201 BALTIMORE, MD 21209 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP Occupation PATROLMAN Aggregate Year-To-Date\$ 245.00	08/31/98	35.00
MIELUCHOWSKI, JOSEPH 2504 S. 4TH STREET PHILADELPHIA, PA 19148 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP Occupation PATROLMAN Aggregate Year-To-Date\$ 245.00	08/31/98	35.00
MOORE, KENNETH 150 DOMINION PARK DRIVE #207 HOUSTON, TX 77090 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SEAFARERS INTL UNION OF N.A. - AGLIWD Occupation PATROLMAN Aggregate Year-To-Date\$ 245.00	08/31/98	35.00

SUBTOTAL of Receipts This Page (optional)	338.00
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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. -AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORRIS, EDWARD P.O. BOX 117 PINEY POINT, MD 20674	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Aggregate Year-To-Date	245.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MOSA, ABDULHAMID 2115 ALAWAI BLVD 405 HONOLULU, HI 96815	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	144.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	208.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NUNEZ, VICTOR MARGARITA AD-1 4TH SECC LEVITOWN, PR 00950	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date	245.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ORNELLAS, TRACY 3102 HINANO STREET HONOLULU, HI 96815	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date	245.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ORZECZOWSKI, THOMAS 239 LEE AVENUE DEPTFORD, NJ 08096	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Aggregate Year-To-Date	245.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OTT, ROBERT 217 SIGEL STREET PHILADELPHIA, PA 19148	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	246.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	246.50
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRIDGE, LONNIE 108 N. PENCE STREET EAST ALTON, IL 62024	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date	245.00

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PASSAPERA, ANGEL HC-02 BOX 13238 HUMACAO, PR 00791	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	244.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 244.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETERS, AMOS #211 EST. CONTANT ST. THOMAS, VI 00801	UNITED INDUSTRIAL WORKERS OF N.A.	08/31/98	42.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	VICE PRESIDENT	Aggregate Year-To-Date: 252.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETH, CARL 18165 GIDDINGS STREET VALLEY LEE, MD 20692	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	REPRESENTATIVE	Aggregate Year-To-Date: 245.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RYAN, SEAN 327 MILBURN AVENUE LYNDHURST, NJ 07071	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PATROLMAN	Aggregate Year-To-Date: 245.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SACCO, MICHAEL 834 KINSWOOD LANE ST. LOUIS, MO 63129	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRESIDENT	Aggregate Year-To-Date: 245.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAUZEK, JOSEPH 11419 321/2 STREET SANTA FE, TX 77510	MAERSK LINES - TEXAS	08/31/98	150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 280.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SELZER, ROBERT 3378 12TH AVENUE BROOKLYN, NY 11218	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PATROLMAN	Aggregate Year-To-Date: 245.00	

SUBTOTAL of Receipts This Page (optional)	576.00
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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code SHEEHAN JR, JOHN 62 BAY TERACE STATEN ISLAND, NY 11218		Name of Employer LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PATROLMAN	Aggregate Year-To-Date\$ 238.00	
B. Full Name, Mailing Address and ZIP Code SINGLETARY, RAYMOND 35283 ELLA SINGLETARY ROAD PEARL RIVER, LA 70452		Name of Employer SEAFARERS ENTERTAINMENT & ALLIED TRADES	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation REPRESENTATIVE	Aggregate Year-To-Date\$ 245.00	
C. Full Name, Mailing Address and ZIP Code SLEEPER, REBECCA 1167 SE CAMBRIDGE DRIVE PSC, FL 34952		Name of Employer LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PORT AGENT	Aggregate Year-To-Date\$ 245.00	
D. Full Name, Mailing Address and ZIP Code SOLIS, JESSE 2424 LELAND STREET #18 SAN PEDRO, CA 90731		Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PATROLMAN	Aggregate Year-To-Date\$ 245.00	
E. Full Name, Mailing Address and ZIP Code SONDIE, HENRY 13265 E 17 STREET FT. LAUDERDALE, FL 33316		Name of Employer BAY SHIP MANAGEMENT	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 61.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$ 245.00	
F. Full Name, Mailing Address and ZIP Code SORESI, JOSEPH P.O. BOX 363 POCONO LAKE, PA 18347		Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PORT AGENT	Aggregate Year-To-Date\$ 245.00	
G. Full Name, Mailing Address and ZIP Code STAMATELAKY, ALEXANDER 20264 NEAL ROAD LORANGER, LA 70446		Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 147.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MERCHANT SEAMAN	Aggregate Year-To-Date\$ 224.00	

SUBTOTAL of Receipts This Page (optional)	376.00
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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STORM, JAMES 2455-A KUENA STREET HONOLULU, HI 96817	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date	245.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUAZO, CARLO 2050 NW 43 TERRACE LAUDERHILL, FL 33313	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	247.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	247.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SWORDS, DENNIS 317 GROVE AVENUE METAIRIE, LA 70003	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	253.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	253.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TAMLIN, GEORGE 33 S VERNON STREET MIDDLEPORT, NY 14105	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	245.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	245.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TELLEZ, AUGUSTIN 6611 COYOTE COURT WALDORF, MD 20603	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. - CONTRACTS	Aggregate Year-To-Date	245.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMPSON, CHARLES 310 N.W. 53RD STREET FT. LAUDERDALE, FL 33309	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	220.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Year-To-Date	220.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THORNTON, DONALD 12161 LAKE SHORE DRIVE LA SALLE, MI 48145	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Year-To-Date	245.00

SUBTOTAL of Receipts This Page (optional) 1070.50

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

NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. -AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TURNER, MARSHALL 1262 CHARMAINE CIRCLE MOBILE, AL 36605	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	174.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 315.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VANDEGRIFT, PATRICK 2940 BAPTIST CHURCH ROAD NANJEMOY, MD 20662	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/98	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	REPRESENTATIVE	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
WALKER, RICHARD 5325 W 93RD STREET #203 WESTCHESTER, CA 90045	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	482.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 482.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WEST, CLEVELAND P.O. BOX 762 MOBILE, AL 36601	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	216.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 216.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHISENHANT, EDWARD 404 MYRTLEWOOD AVENUE CHICKASAW, AL 36611	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	120.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 248.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WOODRUFF, RONNIE 4112 60TH STREET, E TACOMA, WA 98443	SEALAND SERVICES	08/31/98	122.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WYNN, BRIAN P.O. BOX 21 SAN MATEO, CA 94401	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/98	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MERCHANT SEAMAN	Aggregate Year-To-Date: 200.00	

SUBTOTAL of Receipts This Page (optional)	1349.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code XATRUCH, RUDOLPH 4406 TRACE MEADOW DRIVE HOUSTON, TX 77066 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS Occupation MERCHANT SEAMAN Aggregate Year-To-Date\$	Date (month, day, year) 08/31/98 Date (month, day, year) Aggregate Year-To-Date\$	Amount of Each Receipt this Period 120.00
B. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date\$	Date (month, day, year) Date (month, day, year) Aggregate Year-To-Date\$	Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-To-Date\$
C. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date\$	Date (month, day, year) Date (month, day, year) Aggregate Year-To-Date\$	Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-To-Date\$
D. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date\$	Date (month, day, year) Date (month, day, year) Aggregate Year-To-Date\$	Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-To-Date\$
E. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date\$	Date (month, day, year) Date (month, day, year) Aggregate Year-To-Date\$	Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-To-Date\$
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date\$	Date (month, day, year) Date (month, day, year) Aggregate Year-To-Date\$	Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-To-Date\$
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date\$	Date (month, day, year) Date (month, day, year) Aggregate Year-To-Date\$	Amount of Each Receipt this Period Amount of Each Receipt this Period Aggregate Year-To-Date\$

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	10542.00

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code FIRST VIRGINIA BANK-MARYLAND 4710 AUTH PLACE CAMP SPRINGS, MD 20746	Name of Employer REFUND OF BANK CHARGES	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period 28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date\$ 38.00	
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)	28.00
TOTAL This Period (last page this line number only)	28.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. -AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIRST VIRGINIA BANK-MARYLAND 4710 AUTH PLACE CAMP SPRINGS, MD 20746	INTEREST ON MONEY MARKET ACCOUNT	08/31/98	140.66
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date	1486.71
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)	140.66
TOTAL This Period (last page this line number only)	140.66

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
BRAND & LOWELL 923 15TH STREET, N.W. WASHINGTON, D.C. 20005	AUG CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/98	3000.00
B. Full Name, Mailing Address and ZIP Code ROBERT MCGLOTTEN 1901 L STREET, N.W., #300 WASHINGTON, D.C. 20036	AUG CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/98	5500.00
C. Full Name, Mailing Address and ZIP Code WAYNE SMITH THE WILLARD OFFICE BLDG 1455 PENNSYLVANIA AVE #550 WASHINGTON, D.C. 20004	AUG CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/98	2500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional) **11000.00**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
FIRST VIRGINIA CARD SERVICE P.O. BOX 936 FALLS CHURCH, VA 22040-0936	MONTHLY CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/98	
B. Full Name, Mailing Address and ZIP Code RASPBERRY FALLS GOLF LEESBURG, VA	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/98	140.74
C. Full Name, Mailing Address and ZIP Code NEIGHBORS RESTAURANT VIENNA, VA	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/98	52.45
D. Full Name, Mailing Address and ZIP Code PETITSON'S-OAKTON OAKTON, VA	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/98	45.56
E. Full Name, Mailing Address and ZIP Code BULLFEATHERS WASHINGTON, DC	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/98	33.06
F. Full Name, Mailing Address and ZIP Code FIRST VIRGINIA CARD SERVICE P.O. BOX 936 FALLS CHURCH, VA 22040	FINANCE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/98	13.73
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional)	285.54
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
INGLEWOOD TRAVEL 1801 MCCORMICK DRIVE #170 LARGO, MD 20774	TRAVEL - AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/10/98	262.00
B. Full Name, Mailing Address and ZIP Code NATIONAL DEMOCRATIC CLUB 30 IVY STREET, S.E. WASHINGTON, D.C. 20003-4071	LEGISLATIVE MEETINGS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	761.49
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional)	1023.49
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE	OF
4	4
FOR LINE NUMBER	
21b	

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
FIRST VIRGINIA BANK-MARYLAND 4710 ADTH PLACE CAMP SPRINGS, MD 20746	BANK SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/98	63.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional) 63.25

TOTAL This Period (last page this line number only) 12372.28

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page	PAGE 1	OF 13
	FOR LINE NUMBER 23	

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
SHELBY FOR U.S. SENATE P.O. BOX 1091 TUSCALOOSA, AL 35403	R-AL-98G-SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
ALASKANS FOR DON YOUNG P.O. BOX 100298 ANCHORAGE, AK 99510	R-AK-98G-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/98	1411.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional) 1411.50

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. -AGLIWD FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
FRIENDS OF GEORGE BROWN P.O. BOX 1867 COLTON, CA 92324	D-CA-98G-42 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

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

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
FRIENDS OF CORRINE BROWN 3109 RIVER BEND COURT #D-102 LAUREL, MD 20724	D-FL-98P-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
FRIENDS OF BOB LIVINGSTON P.O. BOX 6329 NEW ORLEANS, LA 70174	R-LA-98P-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/98	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION
SEAFARERS INTL UNION OF N.A. -AGLIWD **FEC ID No. C00004325**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
FRIENDS FOR HARRY REID 116 PRINCETON LAS VEGAS, NV	D-NV-98G-SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/98	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
CROWLEY FOR CONGRESS 84-56 GRAND AVENUE ELMHURST, NY	D-NY-98P-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	1000.00
B. Full Name, Mailing Address and ZIP Code CITIZENS COMMITTEE FOR GILMAN FOR CONGRESS P.O. BOX 3001 MIDDLETOWN, NY 10940	R-NY-98P-20 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	1000.00
C. Full Name, Mailing Address and ZIP Code SWEENEY FOR CONGRESS 120 WOODIN ROAD CLIFTON PARK, NY 12065	R-NY-98P-22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	2000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
EVA CLAYTON COMMITTEE FOR CONGRES 307 W. FRANKLIN STREET WARRENTON, N.C. 27589	D-NC-98G-1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/98	1000.00
B. Full Name, Mailing Address and ZIP Code MEL WATT FOR CONGRESS COMMITTEE 700 E STONEWALL ST, SUITE 500 CHARLOTTE, NC 28202	D-NC-98G-12 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/98	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
BLUMENAUER FOR CONGRESS P.O. BOX 1396 PORTLAND, OR 97207	D-OR-98G-3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
ROBB FOR THE SENATE P.O. BOX 1279 MCLEAN, VA	D-VA-2000P-SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/98	5000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
	12	13
FOR LINE NUMBER		23

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

NAME OF COMMITTEE (in Full)

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
BRIAN BAIRD FOR CONGRESS 1516 FRANKLIN STREET VANCOUVER, WASHINGTON 98660	D-WA-98P-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/98	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page **PAGE** OF **13** OF **13**
FOR LINE NUMBER
23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
FRIENDS OF JERRY KLECZKA 326B SOUTH 9TH STREET MILWAUKEE, WI	D-WI-98P-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/98	3000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	25911.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page **PAGE 1 OF 1**
FOR LINE NUMBER 29

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
RHODE ISLAND POLITICAL ACTION COMMITTEE 750 ELMGROVE AVENUE PROVIDENCE, RI 02906	NAT'L/ NON-RELATED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/13/98	2000.00
B. Full Name, Mailing Address and ZIP Code BUILDING OUR BASES (B.O.B.S.) PAC P.O. BOX 15377 NEW ORLEANS, LA 70175	NAT'L/ NON-RELATED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/13/98	4000.00
C. Full Name, Mailing Address and ZIP Code CC '98 NON-FEDERAL ACCOUNT 839 KAPIOLANI AVENUE HONOLULU, HI 96813	D-HI-98-STATE/LOCAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/25/98	5000.00
D. Full Name, Mailing Address and ZIP Code HOUSE MAJORITY FUND 12329 NEEDLEPINE TERRACE SILVER SPRING, MD 20904	NAT'L/ NON-RELATED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/25/98	2000.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF SCOTT BURNETT 4235 BALTIMORE KANSAS CITY, MO 64111	D-MO-98-STATE/LOCAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/10/98	525.00
F. Full Name, Mailing Address and ZIP Code BILL O'DEA NEIGHBORHOOD ASSOCIATION 99 MONTGOMERY STREET JERSEY CITY, NJ 07302	D-NJ-98-STATE/LOCAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	08/10/98	500.00
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 Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional)	14025.00
TOTAL This Period (last page this line number only)	14025.00

SCHEDULE A SUMMARY


(Keep for your own records.)

Name of Committee: SEAFARERS POLITICAL ACTIVITY DONATION SEAFARERS INTL UNION OF N.A. -AGLIWD		
FEC ID Number: 00004325	From: 08/01/98 To: 08/31/98	
Enter the line number of the Detailed Summary Page that is Related to Schedule A. Double-click here for related instructions.		Double-click a cell in this column to access a Sch. A.
Line No.	Description (Optional)	Subtotal Amt. Category Total
17	-----	a. 140.66 140.66
15	-----	b. 28.00 28.00
11a1	-----	c. 1064.50 10542.00
11a1	-----	d. 792.00 10542.00
11a1	-----	e. 331.00 10542.00
11a1	-----	f. 438.00 10542.00
11a1	-----	g. 692.50 10542.00
11a1	-----	h. 1002.00 10542.00
11a1	-----	i. 992.00 10542.00
11a1	-----	j. 834.00 10542.00
11a1	-----	k. 338.00 10542.00
11a1	-----	l. 566.00 10542.00
11a1	-----	m. 576.00 10542.00
11a1	-----	n. 376.00 10542.00
11a1	-----	o. 1070.50 10542.00
11a1	-----	p. 1349.50 10542.00
11a1	-----	q. 120.00 10542.00
	-----	r.
	-----	s.
	-----	t.
	-----	u.
	-----	v.
	-----	w.
	-----	x.
	-----	y.
	-----	z.
Total of all receipts reported		10710.66

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 9-18-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	9-21-98 DATE PREPARED