

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

ADDRESS (number and street) 5201 Auth Way

Check if different than previously reported. (ACC) Camp Springs MD 20746

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00004325

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2)            | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3)            | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2009 through 03 31 2009

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 Lynn S. Walters

Signature of Treasurer Electronically Filed by Lynn S. Walters Date 08 06 2009

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 9 |  | 581267.23 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 9 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 644222.90               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 182955.70               | 319579.50                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 827178.60               | 900846.73                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 129815.91               | 203484.04                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 697362.69               | 697362.69                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 3075.00                       | 15001.50                          |
| (ii) Unitemized .....  | 55813.50                      | 177678.50                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 58888.50                      | 192680.00                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 58888.50                      | 192680.00                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 123900.00                     | 123900.00                         |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 2500.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 167.20                        | 499.50                            |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 182955.70                     | 319579.50                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 182955.70                     | 319579.50                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 19928.91                              | 48547.04                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 19928.91                              | 48547.04                                  |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 104000.00                             | 143800.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 137.00                                | 137.00                                    |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 137.00                                | 137.00                                    |
| 29. Other Disbursements.....   | 5750.00                               | 11000.00                                  |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 129815.91                             | 203484.04                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 129815.91                             | 203484.04                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3 .....         | 58888.50                      | 192680.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 137.00                        | 137.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 58751.50                      | 192543.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 19928.91                      | 48547.04                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 123900.00                     | 123900.00                         |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | -103971.09                    | -75352.96                         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

**A.** Full Name (Last, First, Middle Initial)  
VERNER POULSEN

Mailing Address 1415 51ST STREET N.E.

City State Zip Code  
TACOMA WA 98422

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
AMERICAN SERVICE TECHNOLOGY INC. MERCHANT SEAMAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 379.00

Date of Receipt  
03 / 01 / 2009  
**Transaction ID:** 5034286

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
RENY MARVIN ARZU

Mailing Address 3131 BERAN DRIVE

City State Zip Code  
HOUSTON TX 77045

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
VARIOUS - US FLAG VESSEL OPERATOR MERCHANT SEAMAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 118.50

Date of Receipt  
03 / 09 / 2009  
**Transaction ID:** 5142059

Amount of Each Receipt this Period  
-91.00

**C.** Full Name (Last, First, Middle Initial)  
CAROLYN A GENTILE

Mailing Address 2960 GRAND CONCOURSE

City State Zip Code  
BRONX NY 10458

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SEAFARERS VACATION PLAN GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
03 / 10 / 2009  
**Transaction ID:** 5142060

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 429.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 31                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>EDUARDO JACULAN JORGE    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address 630 CYPRESS ST                                      | <b>Transaction ID:</b> 5142089                      |
|   | City State Zip Code<br>ANAHEIM CA 92805                             | Amount of Each Receipt this Period<br>380.50        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   | Occupation<br>MERCHANT SEAMAN                                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>380.50                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>CRAIG STEPHEN LUNDBERG   | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address 11719 STONEY PEAK DR<br>APT 22                      | <b>Transaction ID:</b> 5142092                      |
|   | City State Zip Code<br>SAN DIEGO CA 92128                           | Amount of Each Receipt this Period<br>228.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   | Occupation<br>MERCHANT SEAMAN                                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>228.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>JOSE K SIALANA           | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|   | Mailing Address 8855 COOLHURST ST                                   | <b>Transaction ID:</b> 5142378                      |
|   | City State Zip Code<br>PICO RIVERA CA 90660                         | Amount of Each Receipt this Period<br>202.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   | Occupation<br>MERCHANT SEAMAN                                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>202.00                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>810.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |  |             |
|---|--|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | PAGE 8 / 31 |
|---|--|-------------|

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT JOHN TRAINOR

Mailing Address PO BOX 971

City RENO State NV Zip Code 89504

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

Name of Employer VARIOUS - US FLAG VESSEL OPERATOR Occupation MERCHANT SEAMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 03 / 01 / 2009

Transaction ID: 5142894

Amount of Each Receipt this Period 5.00

**B.**

Full Name (Last, First, Middle Initial)  
RENY MARVIN ARZU

Mailing Address 3131 BERAN DRIVE

City HOUSTON State TX Zip Code 77045

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

Name of Employer VARIOUS - US FLAG VESSEL OPERATOR Occupation MERCHANT SEAMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.50

Date of Receipt 03 / 04 / 2009

Transaction ID: 5143021

Amount of Each Receipt this Period 91.00

**C.**

Full Name (Last, First, Middle Initial)  
ROMAN J ZARKIEWICZ

Mailing Address 2330 1ST AVENUE

City SEATTLE State WA Zip Code 98121

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

Name of Employer VARIOUS - US FLAG VESSEL OPERATOR Occupation MERCHANT SEAMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt 03 / 03 / 2009

Transaction ID: 5143081

Amount of Each Receipt this Period 246.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **342.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 31                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>DAVID L CHISLING         |                                    | Date of Receipt   |
|   | Mailing Address 5727 SUNSET TER                                     |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 03 / 2009 |
|   | City  | State                              | Zip Code  |
|   | CICERO  | NY                                 | 13039   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | Transaction ID: 5143107   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   |   | Occupation<br>MERCHANT SEAMAN      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>219.00 | <input type="text"/> 38.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>DOMINIC PHILIP MARCO     |                                    | Date of Receipt   |
|   | Mailing Address P.O. BOX 9216                                       |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 04 / 2009 |
|   | City  | State                              | Zip Code  |
|   | HOUSTON   | TX                                 | 77261   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | Transaction ID: 5143181   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   |   | Occupation<br>MERCHANT SEAMAN      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>630.00 | <input type="text"/> 630.00   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>DERRICK JEROME JONES     |                                    | Date of Receipt   |
|   | Mailing Address 1000 MARGARET STREET                                |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 05 / 2009 |
|   | City  | State                              | Zip Code  |
|   | LADSON  | SC                                 | 29456   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | Transaction ID: 5143239   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   |   | Occupation<br>MERCHANT SEAMAN      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>289.50 | <input type="text"/> 289.50   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 957.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 31                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>JASPER LEE MCGIRT        |                               | Date of Receipt   |
|   | Mailing Address 2076 MANZANA WAY                                    |                               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                         | Zip Code  |
|   | SAN DIEGO   | CA                            | 92139   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                               | Transaction ID: 5143242   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   |   | Occupation<br>MERCHANT SEAMAN | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼      | <input type="text"/>  |
|   |   | <input type="text"/> 295.00   | <input type="text"/> 295.00   |

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>EDGAR OLOTEO PARONG      |                               | Date of Receipt   |
|   | Mailing Address 3926 NORPOINT WAY NE                                |                               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                         | Zip Code  |
|   | TACOMA  | WA                            | 98422   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                               | Transaction ID: 5144327   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   |   | Occupation<br>MERCHANT SEAMAN | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼      | <input type="text"/>  |
|   |   | <input type="text"/> 241.00   | <input type="text"/> 241.00   |

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>THOMAS MATTHEW FLYNN     |                               | Date of Receipt   |
|   | Mailing Address 8865 E BASELINE RD #1300                            |                               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                         | Zip Code  |
|   | MESA  | AZ                            | 85209   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                               | Transaction ID: 5375959   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   |   | Occupation<br>MERCHANT SEAMAN | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼      | <input type="text"/>  |
|   |   | <input type="text"/> 61.00    | <input type="text"/> 0.00   |

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$61.00 This changes the YTD Total to \$61.-00

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 536.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

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

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 11 / 31                |                             |
|   | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>GERALD EMMETT SIMPSON JR |  | Date of Receipt   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address P.O.BOX 4666  |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 |
|   | M   | M  | /   | D  | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3  |   | 2  | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>PENSACOLA FL 32507                           |  | <b>Transaction ID:</b> 5375960  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>0.00 |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>VARIOUS - US FLAG VESSEL OPERATOR   |   | Occupation<br>MERCHANT SEAMAN              |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>0.00           |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   |  |   | <b>[MEMO ITEM]</b><br>Refund(s) on Schedule B<br>Totaling \$76.00 This changes the YTD Total to \$0.00 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 0.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 3075.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |                             |  |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 12 / 31                |  |
|   | (check only one)             |                              |                             |  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

A.

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>BB&T - Maryland        |                                     | Date of Receipt   |
| Mailing Address 6168 OXON HILL ROAD                               |                                     | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
| City  | State                               | Zip Code  |
| OXON HILL   | MD                                  | 20745   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID: 5144796   |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="167.20"/>   |
| Name of Employer  | Occupation                          | Bank Interest   |
|   |                                     |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="499.50"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="167.20"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="167.20"/> |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |  |                             |                             |
|---|------------------------------|--|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |  | PAGE 13 / 31                |                             |
|   | (check only one)             |  |                             |                             |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12 |                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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|  |
|--|
| NAME OF COMMITTEE (In Full)<br>Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-<br>WD/NMU |
|--|

|   |   |  |  |
|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>SEAFARERS INTERNATIONAL UNION - AGLIWD/NMU |  | Date of Receipt  |
|   | Mailing Address 5201 AUTH WAY   |  | <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>  |
|   | City  | State  | Zip Code   |
|   | CAMP SPRINGS  | MD   | 20746  |
|   | FEC ID number of contributing federal political committee.                            |  | <input type="text" value="C"/>   |
|   | Name of Employer  |  | Occupation   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="123900.00"/> | Transaction ID: 5144797<br>Amount of Each Receipt this Period<br><input type="text" value="123900.00"/><br><br>Refund of political strategic consulting fees |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="123900.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="123900.00"/> |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>DAN10<br><br>Mailing Address 315 C Street, SE<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement<br>FED PAC/Nat'l Non-Related 2009<br><br>Candidate Name<br>DAN10<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5007515<br>Date of Disbursement<br>03 / 05 / 2009 |
|  | Amount of Each Disbursement this Period<br>5000.00                |
|  | Category/<br>Type<br>011  |
|  | FED PAC/Nat'l Non-Related<br>2009                                 |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Levin For Congress<br><br>Mailing Address 230 North Avenue<br><br>City Mt. Clemens State MI Zip Code 48043<br><br>Purpose of Disbursement<br>D-MI-12-HOUSE-10P<br><br>Candidate Name<br>Rep. Sander M. Levin<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 12<br><br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5007516<br>Date of Disbursement<br>03 / 05 / 2009 |
|   | Amount of Each Disbursement this Period<br>1000.00                |
|   | Category/<br>Type<br>011  |
|   | D-MI-12-HOUSE-10P   |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Lobiondo For Congress<br><br>Mailing Address PO Box 775<br><br>City Marmora State NJ Zip Code 08223<br><br>Purpose of Disbursement<br>R-NJ-02-HOUSE-10P<br><br>Candidate Name<br>Rep. Frank A. LoBiondo<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 02<br><br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5007517<br>Date of Disbursement<br>03 / 05 / 2009 |
|  | Amount of Each Disbursement this Period<br>2500.00                |
|  | Category/<br>Type<br>011  |
|  | R-NJ-02-HOUSE-10P   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 8500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Steve Israel For Congress Committee  | Transaction ID: 5007518<br>Date of Disbursement<br>03 / 05 / 2009 |
|    | Mailing Address PO Box 777  | Amount of Each Disbursement this Period<br>1000.00                |
|    | City Deer Park State NY Zip Code 11729  |   |
|    | Purpose of Disbursement D-NY-02-HOUSE-10P<br>Candidate Name Rep. Steve J. Israel<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 02 | 011<br>Category/<br>Type  |
|    | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | D-NY-02-HOUSE-10P   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Scott Murphy for Congress   | Transaction ID: 5007519<br>Date of Disbursement<br>03 / 05 / 2009 |
|    | Mailing Address 3 Warren Street  | Amount of Each Disbursement this Period<br>5000.00                |
|    | City Glens Falls State NY Zip Code 12801   |   |
|    | Purpose of Disbursement D-NY-20-HOUSE-09 SPECIAL<br>Candidate Name Scott Murphy<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 20 | 011<br>Category/<br>Type  |
|    | Disbursement For: 2009<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Special-Primary2009  | D-NY-20-HOUSE-09 SPECIAL  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee   | Transaction ID: 5014110<br>Date of Disbursement<br>03 / 10 / 2009 |
|    | Mailing Address 430 S. Capitol Street  | Amount of Each Disbursement this Period<br>15000.00               |
|    | City Washington State DC Zip Code 20003  |   |
|    | Purpose of Disbursement FED PAC/Nat'l Non-Related 2009<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | 011<br>Category/<br>Type  |
|    | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | FED PAC/Nat'l Non-Related<br>2009                                 |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 21000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

**A.**

Full Name (Last, First, Middle Initial)

Lot Of People For Dave Obey

Mailing Address 525 Washington St  
PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement  
D-WI-07-HOUSE-10P

Candidate Name  
Rep. David R. Obey

Office Sought:  House  
 Senate  
 President

State: WI District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 5014112

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

D-WI-07-HOUSE-10P

**B.**

Full Name (Last, First, Middle Initial)

Lobiondo For Congress

Mailing Address PO Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement  
Void - Lobiondo For Congress - lost check

Candidate Name  
Rep. Frank A. LoBiondo

Office Sought:  House  
 Senate  
 President

State: NJ District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 5028236

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

-2500.00

011  
Category/  
Type

Void - Lobiondo For Congress - lost check

**C.**

Full Name (Last, First, Middle Initial)

Levin For Congress

Mailing Address 230 North Avenue

City Mt. Clemens State MI Zip Code 48043

Purpose of Disbursement  
Void - Levin For Congress - lost check

Candidate Name  
Rep. Sander M. Levin

Office Sought:  House  
 Senate  
 President

State: MI District: 12

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 5028237

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

-1000.00

011  
Category/  
Type

Void - Levin For Congress - lost check

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

-1000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 31

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>The Committee to Elect Linda Sanchez<br><hr/> Mailing Address 1212 South Victory Blvd.<br>Suite 211<br><hr/> City Burbank State CA Zip Code 91502<br><hr/> Purpose of Disbursement<br>D-CA-39-HOUSE-10P<br>Candidate Name<br>Linda Sanchez<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 39<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5028239<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>2500.00  |
|   | Category/<br>Type<br>011  |
|   | D-CA-39-HOUSE-10P   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Lobiondo For Congress<br><hr/> Mailing Address PO Box 775<br><hr/> City Marmora State NJ Zip Code 08223<br><hr/> Purpose of Disbursement<br>D-MI-12-HOUSE-10P<br>Candidate Name<br>Rep. Frank A. LoBiondo<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 02<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                  | Transaction ID: 5028241<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>2500.00  |
|   | Category/<br>Type<br>011  |
|   | D-MI-12-HOUSE-10P   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Levin For Congress<br><hr/> Mailing Address 230 North Avenue<br><hr/> City Mt. Clemens State MI Zip Code 48043<br><hr/> Purpose of Disbursement<br>D-MI-12-HOUSE-10P<br>Candidate Name<br>Rep. Sander M. Levin<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 12<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | Transaction ID: 5028243<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | Category/<br>Type<br>011  |
|   | D-MI-12-HOUSE-10P   |

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Brian Higgins for Congress<br><hr/> Mailing Address P.O. Box 28<br><hr/> City Buffalo State NY Zip Code 14220<br><hr/> Purpose of Disbursement D-NY-27-HOUSE-10P<br>Candidate Name Rep. Brian Higgins<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 27<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: 5028244<br>Date of Disbursement<br>03 / 11 / 2009<br><hr/> Amount of Each Disbursement this Period<br>2500.00<br><hr/> D-NY-27-HOUSE-10P |
| B. | Full Name (Last, First, Middle Initial)<br>Alaskans For Don Young Inc.<br><hr/> Mailing Address 2504 Fairbanks Street<br><hr/> City Anchorage State AK Zip Code 99503<br><hr/> Purpose of Disbursement R-AK-AL-HOUSE-10P<br>Candidate Name Rep. Donald E. Young<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AK District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5032535<br>Date of Disbursement<br>03 / 16 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00<br><hr/> R-AK-AL-HOUSE-10P |
| C. | Full Name (Last, First, Middle Initial)<br>Kirkpatrick for Arizona<br><hr/> Mailing Address P. O. Box G<br><hr/> City Flagstaff State AZ Zip Code 86302<br><hr/> Purpose of Disbursement D-AZ-01-HOUSE-10P<br>Candidate Name Ann Kirkpatrick<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 5032536<br>Date of Disbursement<br>03 / 16 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00<br><hr/> D-AZ-01-HOUSE-10P |

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 31

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Mcnerney For Congress<br><hr/> Mailing Address 6520 Village Parkway<br>Second Floor<br><hr/> City Dublin State CA Zip Code 94568<br><hr/> Purpose of Disbursement<br>D-CA-11-HOUSE-10P<br>Candidate Name<br>Mr. Jerry McNERney<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 11<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5032537<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | Category/<br>Type<br>011  |
|   | D-CA-11-HOUSE-10P   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Friends Of Corrine Brown<br><hr/> Mailing Address 3563 Carriage Walk Lane<br><hr/> City Laurel State MD Zip Code 20724<br><hr/> Purpose of Disbursement<br>D-FL-03-HOUSE-10P<br>Candidate Name<br>Rep. Corrine Brown<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 03<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: 5032538<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | Category/<br>Type<br>011  |
|   | D-FL-03-HOUSE-10P   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Evan Bayh Committee<br><hr/> Mailing Address 850 Ft Wayne Avenue<br><hr/> City Indianapolis State IN Zip Code 46204<br><hr/> Purpose of Disbursement<br>D-IN-SENATE-10P<br>Candidate Name<br>Sen. Evan Bayh<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       | Transaction ID: 5032539<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | Category/<br>Type<br>011  |
|   | D-IN-SENATE-10P   |

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

**A.** Full Name (Last, First, Middle Initial)  
Kilpatrick For United States Congress

Mailing Address PO Box 32175

City Detroit State MI Zip Code 48232

Purpose of Disbursement  
D-MI-13-HOUSE-10P

011  
Category/  
Type

Candidate Name  
Rep. Carolyn Cheeks Kilpatrick

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 13

Transaction ID: 5032540

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

2000.00

D-MI-13-HOUSE-10P

**B.** Full Name (Last, First, Middle Initial)  
McMahon for Congress

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement  
D-NY-13-HOUSE-10P

011  
Category/  
Type

Candidate Name  
Mike McMahon

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Transaction ID: 5032541

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

D-NY-13-HOUSE-10P

**C.** Full Name (Last, First, Middle Initial)  
John Hall For Congress

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement  
D-NY-19-HOUSE-10P

011  
Category/  
Type

Candidate Name  
Rep. John Hall

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Transaction ID: 5032542

Date of Disbursement

03 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

D-NY-19-HOUSE-10P

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|           |   |  |                          |
|-----------|---|--|--------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Patrick Murphy for Congress<br><br>Mailing Address P.O. Box 868<br><br>City Levittown State PA Zip Code 19058<br><br>Purpose of Disbursement<br>D-PA-08-HOUSE-10P<br><br>Candidate Name<br>Patrick Murphy<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 08<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | Transaction ID: 5032543<br>Date of Disbursement<br>03 / 16 / 2009<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br>D-PA-08-HOUSE-10P | 011<br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Friends of Patrick J Kennedy<br><br>Mailing Address 400 C Street, NE, Suite 201<br><br>City Washington State DC Zip Code 20002<br><br>Purpose of Disbursement<br>D-RI-01-HOUSE-10P<br><br>Candidate Name<br>Patrick Kennedy<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 01<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5032544<br>Date of Disbursement<br>03 / 16 / 2009<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br>D-RI-01-HOUSE-10P | 011<br>Category/<br>Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ortiz For Congress Committee<br><br>Mailing Address P. O. Box 7806<br><br>City Corpus Christi State TX Zip Code 78467<br><br>Purpose of Disbursement<br>D-TX-27-HOUSE-10P<br><br>Candidate Name<br>Rep. Solomon P. Ortiz<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 27<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 5032547<br>Date of Disbursement<br>03 / 16 / 2009<br><br>Amount of Each Disbursement this Period<br>1500.00<br><br>D-TX-27-HOUSE-10P | 011<br>Category/<br>Type |

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Moore for Congress</p> <p>Mailing Address P.O. Box 16646</p> <p>City Milwaukee State WI Zip Code 53216</p> <p>Purpose of Disbursement D--WI-04-HOUSE-10P</p> <p>Candidate Name Gwendolynne Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District: 04</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> 5032549<br/><b>Date of Disbursement</b><br/>03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>D--WI-04-HOUSE-10P</p>             |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Patrick J Kennedy</p> <p>Mailing Address 400 C Street, NE, Suite 201</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement D-RI-01-HOUSE-10P</p> <p>Candidate Name Patrick Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: RI District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 5033888<br/><b>Date of Disbursement</b><br/>03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p> <p>D-RI-01-HOUSE-10P</p>               |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bridge PAC</p> <p>Mailing Address 499 South Capitol Street, SW Suite 604</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement FED PAC/Nat'l Non-Related 2009</p> <p>Candidate Name Bridge PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                 | <p><b>Transaction ID:</b> 5076394<br/><b>Date of Disbursement</b><br/>03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> <p>FED PAC/Nat'l Non-Related 2009</p> |

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Friends Of Chris Dodd<br><hr/> Mailing Address PO Box 270701<br><hr/> City West Hartford State CT Zip Code 06127<br><hr/> Purpose of Disbursement D-CT-SENATE-10P<br>Candidate Name Sen. Christopher J. Dodd<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District:<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5076406<br>Date of Disbursement<br>03 / 20 / 2009<br><hr/> Amount of Each Disbursement this Period<br>5000.00<br><hr/> D-CT-SENATE-10P   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Friends of Phil Hare<br><hr/> Mailing Address 313 17th Street<br><hr/> City Rock Island State IL Zip Code 61201<br><hr/> Purpose of Disbursement D-IL-17-HOUSE-10P<br>Candidate Name Phil Hare<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 17<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            | Transaction ID: 5076408<br>Date of Disbursement<br>03 / 20 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00<br><hr/> D-IL-17-HOUSE-10P |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Schauer For Congress<br><hr/> Mailing Address PO Box 100<br><hr/> City Battle Creek State MI Zip Code 49016<br><hr/> Purpose of Disbursement D-MI-07-HOUSE-10P<br>Candidate Name Mr. Mark Schauer<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 07<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼         | Transaction ID: 5076409<br>Date of Disbursement<br>03 / 20 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00<br><hr/> D-MI-07-HOUSE-10P |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Heath Shuler for Congress<br><hr/> Mailing Address P.O. Box 8446<br><hr/> City Asheville State NC Zip Code 28814<br><hr/> Purpose of Disbursement<br>D-NC-11-HOUSE-10P<br>Candidate Name<br>Heath Shuler<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 11<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 5076412<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1000.00  |
|  | Category/<br>Type<br>011  |
|  | D-NC-11-HOUSE-10P   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Sestak for Congress<br><hr/> Mailing Address P.O. Box 16<br><hr/> City Media State PA Zip Code 19063<br><hr/> Purpose of Disbursement<br>D-PA-07-HOUSE-10P<br>Candidate Name<br>Joe Sestak<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 07<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                  | Transaction ID: 5076413<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1000.00  |
|  | Category/<br>Type<br>011  |
|  | D-PA-07-HOUSE-10P   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Jim Clyburn<br><hr/> Mailing Address 499 S. Capitol Street, SW - Suite<br><hr/> City Washington State DC Zip Code 20003<br><hr/> Purpose of Disbursement<br>D-SC-06-HOUSE-10P<br>Candidate Name<br>James Clyburn<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 06<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5076414<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>5000.00  |
|  | Category/<br>Type<br>011  |
|  | D-SC-06-HOUSE-10P   |

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

7000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Robin Carnahan for Senate<br><br>Mailing Address P. O. Box 50378<br><br>City St. Louis State MO Zip Code 63105<br><br>Purpose of Disbursement D-SC-06-SENATE-10P<br>Candidate Name Robin Carnahan<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | Transaction ID: 5076453<br>Date of Disbursement<br>03 / 20 / 2009<br><br>Amount of Each Disbursement this Period<br>5000.00<br><br>011<br>Category/Type<br><br>D-SC-06-SENATE-10P             |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>AMERIPAC<br><br>Mailing Address 499 South Capitol St., SW Suite 414<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement FED PAC/Nat'l Non-Related 2009<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 5081161<br>Date of Disbursement<br>03 / 26 / 2009<br><br>Amount of Each Disbursement this Period<br>5000.00<br><br>011<br>Category/Type<br><br>FED PAC/Nat'l Non-Related 2009 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kendrick Meek for Florida<br><br>Mailing Address 499 South Capitol Street, SW Suite 422<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement D-FL-SENATE-10P<br>Candidate Name Kendrick Meek<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5081165<br>Date of Disbursement<br>03 / 26 / 2009<br><br>Amount of Each Disbursement this Period<br>2000.00<br><br>011<br>Category/Type<br><br>D-FL-SENATE-10P                |

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

12000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|           |  |   |  |
|-----------|--|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Visclosky For Congress<br><hr/> Mailing Address P.O. Box 10003<br><hr/> City Merrillville State IN Zip Code 46411<br><hr/> Purpose of Disbursement D-IN-01-HOUSE-10P<br>Candidate Name Rep. Peter J. Visclosky<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 5081167<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 | Amount of Each Disbursement this Period<br>2000.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Levin For Congress<br><hr/> Mailing Address 230 North Avenue<br><hr/> City Mt. Clemens State MI Zip Code 48043<br><hr/> Purpose of Disbursement D-MI-12-HOUSE-10P<br>Candidate Name Rep. Sander M. Levin<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 12<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | <b>Transaction ID:</b> 5081169<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 | Amount of Each Disbursement this Period<br>1500.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Clay Jr. for Congress<br><hr/> Mailing Address P. O. Box 4544<br><hr/> City St. Louis State MO Zip Code 63108<br><hr/> Purpose of Disbursement D-MO-01-HOUSE-10P<br>Candidate Name William Clay<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | <b>Transaction ID:</b> 5081170<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 | Amount of Each Disbursement this Period<br>2500.00 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>6000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Latourette For Congress Committee  | Transaction ID: 5081172<br>Date of Disbursement<br>03 / 26 / 2009 |
|           | Mailing Address 320 Kenarden Dr.  | Amount of Each Disbursement this Period<br>1000.00                |
|           | City Highland Hts. State OH Zip Code 44143  |   |
|           | Purpose of Disbursement D-OH-14-HOUSE-10P   | 011<br>Category/<br>Type  |
|           | Candidate Name Rep. Steven LaTourette   |   |
|           | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | D-OH-14-HOUSE-10P   |
|           | State: OH District: 14  |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Democratic Senatorial Campaign Committee  | Transaction ID: 5081219<br>Date of Disbursement<br>03 / 26 / 2009 |
|           | Mailing Address 120 Maryland Avenue, SE  | Amount of Each Disbursement this Period<br>15000.00               |
|           | City Washington State DC Zip Code 20002  |   |
|           | Purpose of Disbursement FED PAC/Nat'l Non-Related 2009   | 011<br>Category/<br>Type  |
|           | Candidate Name   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FED PAC/Nat'l Non-Related<br>2009                                 |
|           | State: District:   |   |

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

16000.00

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

104000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Crowley '09<br><hr/> Mailing Address 78-27 84th Street<br><hr/> City Glendale State NY Zip Code 11385<br><hr/> Purpose of Disbursement<br>Elizabeth Crowley, LOCAL NY - 2009<br>Candidate Name<br>Elizabeth Crowley<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2009<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: 2009 NY OTHER               | Transaction ID: 5007520<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>250.00   |
|   | Elizabeth Crowley, LOCAL<br>NY - 2009   |
|   | Category/<br>Type<br>011  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Bill de Blasio<br><hr/> Mailing Address 320 Seventh Avenue<br>#278<br><hr/> City Brooklyn State NY Zip Code 11215<br><hr/> Purpose of Disbursement<br>Bill Blasio, LOCAL NY - 2009<br>Candidate Name<br>Bill de Blasio<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2009<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: 2009 NY OTHER | Transaction ID: 5028249<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>500.00   |
|   | Bill Blasio, LOCAL NY -<br>2009   |
|   | Category/<br>Type<br>011  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Campaign to Elect Amanda Green<br><hr/> Mailing Address P. O. Box 23066<br><hr/> City Pittsburgh State PA Zip Code 15222-6066<br><hr/> Purpose of Disbursement<br>Amanda Green, LOCAL PA - 2009<br>Candidate Name<br>Amanda Green<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2009<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: 2009 PA Other | Transaction ID: 5028250<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>500.00   |
|   | Amanda Green, LOCAL PA -<br>2009  |
|   | Category/<br>Type<br>011  |

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

1250.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 31

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-WD/NMU

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Democratic State Central Committee - CT</p> <p>Mailing Address 179 Allyn Street<br/>Suite 301</p> <p>City Hartford State CT Zip Code 06103</p> <p>Purpose of Disbursement State/Local - CT- 2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 5076407</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">5000.00</p> <p>011<br/>Category/<br/>Type</p> <p>State/Local - CT- 2009</p>              |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Chris Bell for Texas Senate</p> <p>Mailing Address 7670 Woodway Drive<br/>Suite 110</p> <p>City Houston State TX Zip Code 77063</p> <p>Purpose of Disbursement Void - Chris Bell for Texas Senate</p> <p>Candidate Name Chris Bell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼<br/>Runoff2008</p> | <p><b>Transaction ID:</b> 5080197</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Void - Chris Bell for Texas Senate</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Jolanda Jones Campaign</p> <p>Mailing Address 7670 Woodway<br/>Suite 110</p> <p>City Houston State TX Zip Code 77063</p> <p>Purpose of Disbursement Jolanda Jones, LOCAL TX - 2009</p> <p>Candidate Name Jolanda Jones</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼<br/>2009 TX Other</p>                        | <p><b>Transaction ID:</b> 5081173</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Jolanda Jones, LOCAL TX - 2009</p>       |

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

4500.00

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

5750.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

|           |  |   |  |
|-----------|--|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Robert McGlotten<br><hr/> Mailing Address 1111 19th Street, NW<br>10th Floor<br><hr/> City Washington State DC Zip Code 20036<br><hr/> Purpose of Disbursement Political Strategic Consultant<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span><br>Category/Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | <b>Transaction ID:</b> 5014113<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 9 | Amount of Each Disbursement this Period<br><hr/> 3025.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>TURNER POLLARD STRATEGIES<br><hr/> Mailing Address 1802 Abbotsford Drive<br><hr/> City Vienna State VA Zip Code 22182<br><hr/> Purpose of Disbursement Political Strategic Consultant<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span><br>Category/Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:         | <b>Transaction ID:</b> 5014114<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 9 | Amount of Each Disbursement this Period<br><hr/> 7300.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Terry Turner<br><hr/> Mailing Address 5201 Auth Way<br><hr/> City Camp Springs State MD Zip Code 20746<br><hr/> Purpose of Disbursement Reimburse Travel Expenses<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span><br>Category/Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                             | <b>Transaction ID:</b> 5014115<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 9 | Amount of Each Disbursement this Period<br><hr/> 1472.65 |

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

11797.65

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Seafarers Political Activity Donation - Seafarers International Union of NA-AGLI-  
WD/NMU

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>McGLOTTEN & JARVIS  | Transaction ID: 5014116<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2009   |
|    | Mailing Address 1111 19TH STREET, NW   | Amount of Each Disbursement this Period<br>618.20   |
|    | City WASHINGTON State DC Zip Code 20036  |   |
|    | Purpose of Disbursement Reimburse Travel Expenses<br>Candidate Name  | 002<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Reimburse Travel Expenses   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>BB&T - Maryland   | Transaction ID: 5031406<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 16 / 2009   |
|    | Mailing Address 6168 OXON HILL ROAD  | Amount of Each Disbursement this Period<br>2493.00  |
|    | City OXON HILL State MD Zip Code 20745   |   |
|    | Purpose of Disbursement Tax deposit 2008<br>Candidate Name   | 001<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Tax deposit 2008  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Terry Turner  | Transaction ID: 5081179<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | Mailing Address 5201 Auth Way  | Amount of Each Disbursement this Period<br>5020.06  |
|    | City Camp Springs State MD Zip Code 20746  |   |
|    | Purpose of Disbursement Reimburse travel expenses<br>Candidate Name  | 002<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Reimburse travel expenses   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>8131.26</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>19928.91</b> |