

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 25 10 42 AM '97

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

ADDRESS (number and street) Check if different than previously reported
5201 AUTH WAY

CITY, STATE and ZIP CODE
CAMP SPRINGS, MARYLAND 20746

2. FEC IDENTIFICATION NUMBER:
C00004325

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>08/01/97</u> through <u>08/31/97</u>		This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1997			\$ 59204.45
(b) Cash on Hand at Beginning of Reporting Period		\$ 136421.42	
(c) Total Receipts (from Line 1B)		\$ 51729.96	\$ 476684.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 188151.38	\$ 535889.00
7. Total Disbursements (from Line 30)		\$ 24660.35	\$ 372397.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 163491.03	\$ 163491.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20488 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

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

Type or Print Name of ~~Treasurer~~ Assistant Treasurer

Thomas J. DeVivio

Signature of ~~Treasurer~~ Assistant Treasurer



Date

9/19/97

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

FEC FORM 3

(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE SEAFARERS POLITICAL ACTIVITY DONATION SEAFARERS INTL UNION OF N.A. -AGLIWD		REPORT COVERING PERIOD	
		FROM: 08/01/97	TO: 08/31/97
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		8333.00	61396.80
ii. Unitemized		43153.50	412638.65
iii. Total (add i and ii)		51486.50	474035.45
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c)		51486.50	474035.45
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			49.10
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		243.46	1600.00
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		51729.96	476684.55
20. Total Federal Receipts (subtract line 16 from line 19)		51729.96	476684.55
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		11260.35	95257.47
c. Total Operating Expenditures (Add a i, a ii, and b)		11260.35	95257.47
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		7400.00	190250.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditure Made by Party Committee (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			1195.50
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c)			1195.50
29. Other Disbursements		6000.00	85695.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		24660.35	372397.97
31. Total Federal Disbursements (subtract line 21 a iii from line 30)		24660.35	372397.97
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		51486.50	474035.45
33. Total Contribution Refunds (from line 28d)			1195.50
34. Net Contributions (other than loans)(subtract line 33 from 32)		51486.50	472839.95
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		11260.35	95257.47
36. Offsets to Operating Expenditures (from line 15)			49.10
37. Net Operating Expenditures (subtract line 36 from 35)		11260.35	95208.37

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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 INTL UNION OF N.A. -AGLIWD

FBC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code FIRST VIRGINIA BANK 4710 AUTH WAY CAMP SPRINGS, MARYLAND 20746	Name of Employer INTEREST MONEY MARKET ACCOUNT	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 243.46
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate \$	

SUBTOTAL of Receipts This Page (optional)	243.46
TOTAL This Period (last page this line number only)	243.46

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGBAYANI, ARSENIO 1225 IOL LANE HONOLULU, HI 96817	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	121.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable Date \$ 219.00	
B. Full Name, Mailing Address and ZIP Code ALLEN, THOMAS 201 HARRIS AVENUE LONG BRACH, MS 39560	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	212.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable Date \$ 212.00	
C. Full Name, Mailing Address and ZIP Code DONALD ANDERSON 18518 TYNECREEK SPRING, TX 73379	SEAFARERS INTL UNION OF N.A. -AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST. VICE PRESIDENT	Applicable Date \$ 238.00	
D. Full Name, Mailing Address and ZIP Code AQUIA, SALVATORE 8002 OLD PHILADELPHIA ROAD BALTIMORE, MD 21237	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Applicable Date \$ 238.00	
E. Full Name, Mailing Address and ZIP Code AUTREY, CHARLFRED 2558 A WOODRUFF STREET MOBILE, AL 36607	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	90.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable Date \$ 270.00	
F. Full Name, Mailing Address and ZIP Code BECHER, WERNER 11902 CENTRAL AVENUE CHINO, CA 91710	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	70.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable Date \$ 280.00	
G. Full Name, Mailing Address and ZIP Code BROOKS, SELLERS P.O. BOX 268 BREWTON, AL 36427	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	99.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable Date \$ 211.00	

SUBTOTAL of Receipts This Page (optional) 648.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURRELL, TYRONNE 6964 NEPTUNE COURT NEW ORLEANS, LA 70126	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	72.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 252.00	
E. Full Name, Mailing Address and ZIP Code CAFHEY, JACK 5 MIDWOOD ROAD BABYLON, NY 11704	SEAFARERS INTL UNION OF N.A. -AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICK PRESIDENT	Aggregate Total \$ 238.00	
C. Full Name, Mailing Address and ZIP Code CALHOUN, MICHAEL 223 LOVELLA LANE NOKOMIS, FL 34275	LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Total \$ 245.00	
D. Full Name, Mailing Address and ZIP Code CAMPOS, RAFAEL RIO MIRAVILLA ANS VALLE VERDE BAYAMON, PR 00961	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	84.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 239.00	
E. Full Name, Mailing Address and ZIP Code CAPLES, DENNIS 229 PENNA AVENUE VILLAS, NJ 08257	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	69.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 204.50	
F. Full Name, Mailing Address and ZIP Code CARD, WILLIAM 26 DOLPHIN BOULEVARD PONTE VEDRA BEACH, FL 32082	N.P.R.	08/31/97	123.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 246.50	
G. Full Name, Mailing Address and ZIP Code CARTER, DAVID 2236 BROOKSIDE DRIVE JAUTIER, MS 39553	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT	Aggregate Total \$ 238.00	

SUBTOTAL of Receipts This Page (optional)	440.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	PAGE	OF
	3	15
FOR LINE NUMBER		11a

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SEAFARERS POLITICAL ACTIVITY DONATION
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FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code CELONA, NICK 2530 CATALPA WAY SAN BRUNO, CA 94066		Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PORT AGENT	Aggregate Total \$ 238.00	
B. Full Name, Mailing Address and ZIP Code CHAPIN, STEVEN P.O. BOX 958 HONOLULU, HI 96726		Name of Employer CROWLEY AMERICAN TRANSPORT	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 157.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MERCHANT SEAMAN	Aggregate Total \$ 227.00	
C. Full Name, Mailing Address and ZIP Code CHESTER, KATHY 2966 DIAMOND STREET, BOX 308 SAN FRANCISCO, CA 94131		Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 62.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MERCHANT SEAMAN	Aggregate Total \$ 280.50	
D. Full Name, Mailing Address and ZIP Code CLINTON, ROBERT 4758 RACE STREET PORTSMOUTH, VA 23707		Name of Employer LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PATROLMAN	Aggregate Total \$ 238.00	
E. Full Name, Mailing Address and ZIP Code COOK, PERNELL 8025 TRAPIER AVENUE #D NEW ORLEANS, LA 70127		Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 62.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MERCHANT SEAMAN	Aggregate Total \$ 234.00	
F. Full Name, Mailing Address and ZIP Code CORDLE, HOMER 753 COUNTY LINE ROAD WESTERVILLE, OH 43081		Name of Employer UNITED INDUSTRIAL WORKERS OF N.A.	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation REPRESENTATIVE	Aggregate Total \$ 238.00	
G. Full Name, Mailing Address and ZIP Code CORGEY, DEAN 1042 CHANTILLY LANE HOUSTON, TX 77018		Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VICE PRESIDENT	Aggregate Total \$ 231.00	

SUBTOTAL of Receipts This Page (optional)	393.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COSS, VINCENT 585 SKYLINE DRIVE DALY CITY, CA 94015	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE		
	Aggregate Total \$	238.00	
COX, JOHN 3436 FALCON AVENUE LONG BEACH, CA 90807	LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE		
	Aggregate Total \$	238.00	
CRESPO, AMANCIO BC-01 BOX 242-46 VAGA BAJA, PR 00963	LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE		
	Aggregate Total \$	238.00	
CRISP, DAVID 321 37TH STREET ST. PETERSBURG, FL 33704	CROWLEY AMERICAN TRANSPORT	08/31/97	82.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN		
	Aggregate Total \$	391.00	
CUCINOTTA, AMBROSE 936 SOUTHWEST 150TH TERRACE SUNRISE, FL 33326	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT		
	Aggregate Total \$	238.00	
DANDY, EDWARD 15 NORTH E STREET # 43 TACOMA, WA 98403	SEALAND - SHORE GANG	08/31/97	178.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN		
	Aggregate Total \$	342.00	
DAVILIA, RUDDY 8343 DAWN WOOD SAN ANTONIO, TX 78250	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	249.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN		
	Aggregate Total \$	249.50	

SUBTOTAL of Receipts This Page (optional)	621.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVIS, JOHN 3411 KAY STREET WHISTLER, AL 36612	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	133.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 336.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DESOUSA, EUGENIO 82 RYDER STREET N. DARTMOUTH, MA 02741	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	21.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate Total \$ 238.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DHOOGUE, GERARD 35 FROTHINGHAM STREET MILTON, MA 02186	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Aggregate Total \$ 238.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIETZ, NIEL 10105 MADISON AVENUE, N.E. BAINBRIDGE ISLAND, WA 98110	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT	Aggregate Total \$ 238.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOBBINS, WILLIAM 162 LIBERTY STREET COLUMBUS, OH 43140	UNITED INDUSTRIAL WORKERS OF N.A.	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Total \$ 238.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOFFOH, EKOW 108 SHAWMONT LANE WILLINGBORO, NJ 08046	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	126.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 247.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DORUTH, EDWARD 402 MAXIM ROAD HOWELL, NJ 07731	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 301.50	

564.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) for each category of the Detailed Summary Page	PAGE	OF
	6	15
FOR LINE NUMBER		
11a1		

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

A. Full Name, Mailing Address and ZIP Code DUNLAP, CURTIS 2623 WYLENE STREET JACKSONVILLE, FL 32209	Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 150.00
	Occupation MERCHANT SEAMAN	Aggregate Total \$ 313.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code ECKLES, WILLIAM 9404 BRUCE DRIVE SILVER SPRING, MD 20910	Name of Employer SEAFARERS VACATION PLAN	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
	Occupation DIR. OF REHAB.	Aggregate Total \$ 231.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code ELLIS, BILLY 17220 FIVE PTS. PK. MT. STERLING, OH 43143	Name of Employer UNITED INDUSTRIAL WORKERS OF N.A.	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
	Occupation ASST. VICE PRESIDENT	Aggregate Total \$ 238.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code FAY, JOHN RD1, BOX 244 BLACKWOOD, NJ 08012	Name of Employer SEAFARERS INTL UNION OF N.A. - AGLIWD	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
	Occupation EXEC. VICE PRESIDENT	Aggregate Total \$ 238.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code FITZGERALD, TIMOTHY 115 SO. 364TH STREET ROY, WA 98580	Name of Employer LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 28.00
	Occupation PATROLMAN	Aggregate Total \$ 238.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code FORTES, BONIFACIO 1125 E MAPLE STREET GLENDALE, CA 91205	Name of Employer VARIOUS U.S. - FLAG VESSEL OPERATORS	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 81.00
	Occupation MERCHANT SEAMAN	Aggregate Total \$ 246.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code FOSTER, MORRIS 5045 LINDEN AVENUE BATON ROUGE, LA 70805	Name of Employer BAYSHIP MANAGEMENT	Date (month, day, year) 08/31/97	Amount of Each Receipt this Period 237.00
	Occupation MERCHANT SEAMAN	Aggregate Total \$ 237.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	580.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GIBBONS, JOHN 1526 NORMAN STREET, N.E. PALM BAY, FL 32907	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	208.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 208.00	
GIRARD, TIMOTHY 2317 OLD DRIFT ROAD POINT PLEASANT, NJ 08742	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	234.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 234.00	
GORDIUS, DAVID 1209 S. CASINO CTR BLVD 122 LAS VEGAS, NV 89104	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	203.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 203.50	
GRAMER, MICHAEL 6286 N. RIVER ROAD MARINE CITY, MI 48039	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	91.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 210.00	
GRAY, RICHARD BOX 624 INTERVALE, NH 03845	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	133.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 253.50	
HAILSTONE, JAMES 285 CARRIAGE HILL DRIVE AURORA, IL 60506	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	128.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 365.00	
HALL, ROBERT 14027 62ND DRIVE WEST EDMONDS, WA 98026	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST. VICE PRESIDENT	Aggregate \$ 238.00	

1026.50

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELTON, PATRICK P.O. BOX 966 RENO, NV 89504	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	66.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 210.50	
B. Full Name, Mailing Address and ZIP Code HOFFMAN, VIRGILLO 730 EDDY STREET SAN FRANCISCO, CA 94109	AMERICAN PRESIDENT LINES	08/31/97	52.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 226.50	
C. Full Name, Mailing Address and ZIP Code HORTON, WILLIAM 3430 MINNESOTA AVENUE, SE 4 WASHINGTON, D.C. 20019	CROWLEY AMERICAN TRANSPORT	08/31/97	67.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 212.00	
D. Full Name, Mailing Address and ZIP Code JACKSON, WILLIAM 23 MID PARK LANE ST. LOUIS, MO 63124	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Aggregate Total \$ 238.00	
E. Full Name, Mailing Address and ZIP Code KELLY, EDWARD 3014 OLDE GATE ROAD MOBILE, AL 36695	LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SAFETY DIRECTOR	Aggregate Total \$ 238.00	
F. Full Name, Mailing Address and ZIP Code KELLY, BOBBY 16 ARIZONA WAY MARYSVILLE, CA 95901	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	212.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 212.00	
G. Full Name, Mailing Address and ZIP Code KIRKSEY, CHARLES 525 SNYDER DRIVE PRICHARD, AL 36610	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	226.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate Total \$ 226.00	

SUBTOTAL of Receipts This Page (optional) 680.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOPEZ, JOSE 90 GARRISON STREET, 2ND FLOOR NEWARK, NJ 07105	N.P.R. RELIEF GANG	08/31/97	130.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 256.00	
LUCKY, PAUL 1725 WINSTON LANE MOBILE, AL 36606	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	170.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 232.00	
LUMANLAN, ROMEO 191 ORANGE BLOSSOM CIRCLE POLSOM, CA 95630	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Aggregate \$ 238.00	
MAGNO, TERRY 1108 A KAUNAILUNA PLACE HONOLULU, HI 96817	AMERICAN PRESIDENT LINES	08/31/97	251.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 251.00	
MAHER, PATRICK 733 BISHIP STREET, 170-250 HONOLULU, HI 96813	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	(0.50)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Aggregate \$ 202.00	
MALONE, JAMES 323 CANTRELL PHILADELPHIA, PA 19148	LUNDEBERG MARYLAND SCHOOL OF SEAMANSHIP	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT	Aggregate \$ 238.00	
MANGRAM, KERMETT 122 LONG POND LANE STATEN ISLAND, NY 10304	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN	Aggregate \$ 231.00	

SUBTOTAL of Receipts This Page (optional)	634.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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 INTL UNION OF N.A. - AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTINEZ, FIDENCIO 2907 ELYSIAN FIELD NEW ORLEANS, LA 70122	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	208.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MERCHANT SEAMAN Aggregate: \$ 208.00		
B. Full Name, Mailing Address and ZIP Code MCCARTNEY, GEORGE 1315 MAPLE STREET SAN MATEO, CA 94402	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT Aggregate: \$ 238.00		
C. Full Name, Mailing Address and ZIP Code MCQUAY, ANTHONY 290 FAWN RIDE LANE ORANGE PARK, FL 32073	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PORT AGENT Aggregate: \$ 238.00		
D. Full Name, Mailing Address and ZIP Code MERCER, ROY 4015 SEVEN HILLS ROAD CASTRO VALLEY, CA 94546	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT Aggregate: \$ 340.00		
E. Full Name, Mailing Address and ZIP Code METZ, DENNIS 6827 BONNIE RIDGE DRIVE BALTIMORE, MD 21209	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PORT AGENT Aggregate: \$ 238.00		
F. Full Name, Mailing Address and ZIP Code MCGEE, JAMES 454 GRAND OAKS HOUSTON, TX 77015	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PORT AGENT Aggregate: \$ 238.00		
G. Full Name, Mailing Address and ZIP Code MIELUCHOWSKI, JOSEPH 4835 CALIFORNIA AVENUE, S.W. SEATTLE, WA 98116	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SAFETY OFFICER Aggregate: \$ 238.00		

SUBTOTAL of Receipts This Page (optional)	388.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MOORE, KENNETH 150 DOM UNION PARK DRIVE #207 HOUSTON, TX 77090	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REPRESENTATIVE Aggregate Total: \$ 238.00		
MORRIS, EDWARD P.O. BOX 117 PINEY POINT, MD 20674	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INSPECTOR Aggregate Total: \$ 238.00		
NEK, TRAN 3645 CANYONLAND DRIVE BATON ROUGE, LA 70814	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	125.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MERCHANT SEAMAN Aggregate Total: \$ 247.50		
ORNELLAS, TRACY 3102 HINANO STREET HONOLULU, HI 96815	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PATROLMAN Aggregate Total: \$ 238.00		
ORZECZOWSKI, THOMAS 602 E. BROADWAY ALTON, IL 62002	LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REPRESENTATIVE Aggregate Total: \$ 238.00		
PALADINO, MICHAEL 7317 WOODFIN AVENUE NORFOLK, VA 23505	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PORT AGENT Aggregate Total: \$ 238.00		
PATRIDGE, LONNIE 108 N. PENCE EAST ALTON, IL 62024	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REPRESENTATIVE Aggregate Total: \$ 238.00		

SUBTOTAL of Receipts This Page (optional) 293.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK, JAMES 8778 SE RIGDON WAY HOBE SOUND, FL 33455	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	63.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable to: \$ 373.50	
B. Full Name, Mailing Address and ZIP Code PECK, MICHAEL 242 LOS ALTOS PLACE AMERICAN CANYON, CA 94589	SEALAND SHIPPING SHOREGANG	08/31/97	120.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable to: \$ 240.00	
C. Full Name, Mailing Address and ZIP Code PEREZ, JOSE 1717 RICHLAND AVENUE METAIRIE, LA 70001	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT	Applicable to: \$ 238.00	
D. Full Name, Mailing Address and ZIP Code PETERS, AMOS #211 EST. CONTANT ST. THOMAS, VI 00801	UNITED INDUSTRIAL WORKERS OF N.A.	08/31/97	35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Applicable to: \$ 231.00	
E. Full Name, Mailing Address and ZIP Code PETH, CARL 18165 GIDDINGS STREET VALLEY LEE, MD 20692	LUNDBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPRESENTATIVE	Applicable to: \$ 238.00	
F. Full Name, Mailing Address and ZIP Code POMERLANE, ROBERT 1 STOREYS COURT #212-36 BALTIMORE, MD 21236	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST. VICE PRESIDENT	Applicable to: \$ 238.00	
G. Full Name, Mailing Address and ZIP Code PURCELL, JULIUS 606 KALIHI STREET HONOLULU, HI	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	60.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable to: \$ 218.00	

SUBTOTAL of Receipts This Page (optional)	363.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUEYTER, MICHAEL 1459 PELE LN. APT 202 HONOLULU, HI 98613	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	123.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MERCHANT SEAMAN	Aggregate: \$ 395.00	
RYAN, SEAN 327 MILBURN AVENUE LYNDHURST, NJ 07071	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PATROLMAN	Aggregate: \$ 238.00	
SACCO, MICHAEL 834 KINSWOOD LANE ST. LOUIS, MO 63129	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate: \$ 238.00	
SELZER, ROBERT 3378 12TH AVENUE BROOKLYN, NY 11218	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PORT AGENT	Aggregate: \$ 231.00	
SHEEHAN, JACK JR. 62 BAY TERRACE STATEN ISLAND, NY 10306	LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	21.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SAFETY DIRECTOR	Aggregate: \$ 238.00	
SHEPARD, JAMES 236 JACK LANE HONOLULU, HI	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	238.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MERCHANT SEAMAN	Aggregate: \$ 238.50	
SLEEPER, REBECCA 1167 SE CAMBRIDGE DRIVE PORT ST. LUCY, FL 34952	LUNDEBERG MARYLAND SEAMANSHIP SCHOOL	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PORT AGENT	Aggregate: \$ 238.00	

SUBTOTAL of Receipts This Page (optional)	494.50
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SMITH, SHELDON 2543 ESPLANADE AVENUE NEW ORLEANS, LA 70119	BAYSHIP MANAGEMENT	08/31/97	200.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN		
	Aggregate Total \$	200.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SOLIS, JESSE 2424 LELAND STREET #18 SAN PEDRO, CA 90731	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN		
	Aggregate Total \$	238.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SORESI, JOSEPH P.O. BOX 363 POCONO LAKE, PA 18347	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	21.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PATROLMAN		
	Aggregate Total \$	238.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STERNBERG, PETER 92 CARLSBAD LANE ALISO VIEGO, CA 92656	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	133.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN		
	Aggregate Total \$	274.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TELLER, AUGUSTIN 6611 COYOTE COURT WALDORF, MD 20603	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. - CONTRACTS		
	Aggregate Total \$	238.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIFRE, LORENZO 574 WARREN STREET 2 L BROOKLYN, NY 11217	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	31.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN		
	Aggregate Total \$	517.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VAZQUEZ, JOSE 25 BLUEBERRY HILL GLEN GARDNER, NJ 08826	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	195.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN		
	Aggregate Total \$	352.50	

SUBTOTAL of Receipts This Page (optional) 637.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 INTL UNION OF N.A. -AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENTE, JOSELITO 21505 WARWICK COURT LEXINGTON PARK, MD 20653	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	137.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable \$ 347.00	
B. Full Name, Mailing Address and ZIP Code WHISENHANT, EDWARD 404 MYRTLEWOOD AVENUE CHICKASAW, AL 36611	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	121.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable \$ 248.00	
C. Full Name, Mailing Address and ZIP Code WHITE, JONATHAN 701 SO. WARREN STREET MOBILE, AL 36603	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	121.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable \$ 250.00	
D. Full Name, Mailing Address and ZIP Code WOROBEY, RICHARD 712 ARAGON AVENUE, N.E. PALMBAY, FL 32905	VARIOUS U.S. - FLAG VESSEL OPERATORS	08/31/97	134.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MERCHANT SEAMAN	Applicable \$ 212.50	
E. Full Name, Mailing Address and ZIP Code ZWOLLE, DELBERT 554 E. FAIRGROUND STREET MARION, OH 43302	UNITED INDUSTRIAL WORKERS OF N.A.	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Applicable \$ 238.00	
F. Full Name, Mailing Address and ZIP Code FRANCOIS, HENRI 267 MATHEWS STREET N. DARMOUTH, MA 02747	SEAFARERS INTL UNION OF N.A. - AGLIWD	08/31/97	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PORT AGENT	Applicable \$ 238.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Applicable \$	

SUBTOTAL of Receipts This Page (optional)	569.00
TOTAL This Period (last page this line number only)	8333.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 INTL UNION OF N.A.-AGLIWD**

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement (In Paid)
BRAND & LOWELL 923 15TH STREET, N.W. WASHINGTON, D.C. 20005	AUGUST CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/97	3000.00
B. Full Name, Mailing Address and ZIP Code WAYNE SMITH THE WILLARD OFFICE BLDG. 1455 PENN. AVE., #550 WASHINGTON, D.C. 20004	AUGUST CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/97	2500.00
C. Full Name, Mailing Address and ZIP Code ROBERT MCGLOTTEN 1901 L STREET, NW, SUITE 300 WASHINGTON, D.C. 20036	AUGUST CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/97	5500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (In Paid)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (In Paid)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (In Paid)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (In Paid)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (In Paid)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (In Paid)

SUBTOTAL of Disbursements This Page (optional).

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2	OF 3
		FOR LINE NUMBER 21b

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 INTL UNION OF N.A. -AGLIWD

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursed Total
TERRY TURNER 5201 AUTH WAY CAMP SPRINGS, MD 20746	REIMB. TAXI EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/97	23.00
TERRY TURNER 5201 AUTH WAY CAMP SPRINGS, MD 20746	REIMB. MEETING EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/97	91.43
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursed Total
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursed Total
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursed Total
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursed Total
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursed Total
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursed Total
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursed Total

SUBTOTAL of Disbursements This Page (optional)

114.43

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement Paid
FIRST VIRGINIA CREDIT CARD P.O. BOX 936 FALLS CHURCH, VA 22040-0936	MONTHLY CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/97	
B. Full Name, Mailing Address and ZIP Code PETITBON'S - OAKTON OAKTON, VA	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/97	45.52
C. Full Name, Mailing Address and ZIP Code ON THE BORDER #1 VIENNA, VA	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/28/97	31.69
D. Full Name, Mailing Address and ZIP Code RASPBERRY FALLS GOLF LEESBURG, VA	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/97	31.36
E. Full Name, Mailing Address and ZIP Code WASHINGTON NAT'L AIRPORT WASHINGTON, D.C.	PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/10/97	24.00
F. Full Name, Mailing Address and ZIP Code PONDEROSA STEAKHOUSE WINCHESTER, VA	LEGISLATIVE MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/97	13.35
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
SUBTOTAL of Disbursements This Page (optional)			145.92
TOTAL This Period (last page this line number only)			11260.35

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
MATT SALMON FOR CONGRESS 2131 EAST BROADWAY, SUITE 27 TEMPE, ARIZONA 85282	R-AZ-98P-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD 500	08/08/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
SUBTOTAL of Disbursements This Page (optional)			500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page.	PAGE	OF
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23		

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement (in Period)
FRIENDS OF BARBARA BOXER P.O. BOX 641751 LOS ANGELES, CA 90064	D-CA-98G-SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD 6900	08/08/97	400.00
B. Full Name, Mailing Address and ZIP Code FAZIO FOR CONGRESS COMMITTEE 555 CAPITOL MAIL, SUITE 1425 SACRAMENTO, CA 95814	D-CA-98P-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD 2000	08/08/97	2000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (in Period)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (in Period)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (in Period)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (in Period)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (in Period)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (in Period)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement (in Period)

SUBTOTAL of Disbursements This Page (optional) 2400.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
CITIZENS FOR RUSH 3361 SOUTH KING DRIVE CHICAGO, IL 60616	D-IL-98P-1	08/08/97	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD 500		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	4	6
FOR LINE NUMBER		23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement Paid
FOSELLA FOR CONGRESS P.O. BOX 060248 STATEN ISLAND, NY 10306	R-NY-97 SPECIAL-13 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) YTD 2000	08/08/97	2000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement Paid

SUBTOTAL of Disbursements This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

<p>A. Full Name, Mailing Address and ZIP Code KEEP MCDADE IN CONGRESS COMMITTEE 321 SPRUCE STREET, BANK TOWER SCRANTON, PA 18503</p>	<p>Purpose of Disbursement R-PA-98P-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD 2000</p>	<p>Date (month, day, year) 08/08/97</p>	<p>Amount of Each Disbursement 1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code COYNE FOR CONGRESS 33RD FLOOR, GULF TOWER PITTSBURGH, PA 15222</p>	<p>Purpose of Disbursement D-PA-98P-14 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD 500</p>	<p>Date (month, day, year) 08/08/97</p>	<p>Amount of Each Disbursement 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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 INTL UNION OF N.A. -AGLIWD**

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
NORM DICKS FOR CONGRESS COMMITTEE P.O. BOX 1663 TACOMA, WASHINGTON 98401	D-WA-98P-6	08/08/97	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD 500		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 500.00

TOTAL This Period (last page this line number only) 7400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
EFFECTIVE GOVERNMENT COMMITTEE 607 14TH ST., N.W., SUITE 800 WASHINGTON, D.C. 20005	NAT'L / NON-RELATED Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) YTD 5000	08/08/97	5000.00
SIEGELMAN CAMPAIGN P.O. BOX 5049 MONTGOMERY, AL	D-AL-98-STATE/LOCAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) YTD 1000	08/08/97	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement

SUBTOTAL of Disbursements This Page (optional) 6000.00

TOTAL This Period (last page this line number only) 6000.00

