

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 6 OF 6 |
| <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 type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political and Legislative Organization On Watch - Seafarers International Union of NA-AGLIW

| | | | |
|---|-------------------------------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Heindel, Chelsea, D, , | | | Date of Receipt MM / DD / YYYY 01 / 15 / 2025 |
| Mailing Address 2009 Fitzwarren Place, Apt. 202 | | | Transaction ID : 24359711 |
| City Baltimore | State MD | Zip Code 21209 | Amount of Each Receipt this Period 3000.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Seafarers International Union of North | | Occupation (for Individual) Administrative Assistant | Return of misappropriated funds |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3000.00 | | |

| | | | |
|---|--------------------------|-----------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. | | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | | Amount of Each Receipt this Period |
| City | State | Zip Code | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | Return of misappropriated funds |
| Name of Employer (for Individual) | | Occupation (for Individual) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |

| | | | |
|---|--------------------------|-----------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. | | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | | Amount of Each Receipt this Period |
| City | State | Zip Code | <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | | Return of misappropriated funds |
| Name of Employer (for Individual) | | Occupation (for Individual) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | 3000.00 |