

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1999 OCT 12 P 1:20

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND</b>		2. FEC IDENTIFICATION NUMBER <b>C-00099234</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1370 ONTARIO STREET MEZZANINE-STANDARD BLDG</b>		
CITY, STATE and ZIP CODE <b>CLEVELAND OHIO 44113</b>		
3. <input type="checkbox"/> 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
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>SEPTEMBER 1, 1999</u> through <u>SEPTEMBER 30, 1999</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 131,932.09
(b)	Cash on Hand at Beginning of Reporting Period	\$ 246,566.72	
(c)	Total Receipts (from Line 18)	\$ 32,881.43	\$ 293,189.62
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 279,448.15	\$ 425,121.71
7.	Total Disbursements (from Line 30)	\$ 41,250.00	\$ 186,923.56
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 238,198.15	\$ 238,198.15
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 7,500.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Remit 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 <b>RUSSELL W. BENNETT</b>			
Signature of Treasurer <i>Russell W. Bennett</i>			Date <b>10-8-99</b>

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

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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND</b>		REPORT COVERING PERIOD FROM <b>SEPTEMBER 1, 1999</b> TO <b>SEPTEMBER 30, 1999</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)
ii. Unitemized		32,784.17	291,522.86
iii. Total (add i and ii) >		32,784.17	291,522.86
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >		32,784.17	291,522.86
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)		97.26	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		32,881.43	293,189.62
20. Total Federal Receipts (subtract line 16 from line 19) >		32,881.43	293,189.62
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures		6,000.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		6,000.00	21(c)
22. Transfers to Affiliated/Other Party Committees		500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		29,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements		5,750.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		41,250.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		41,250.00	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		32,784.17	291,522.86
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		32,784.17	291,522.86
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		6,000.00	23,153.56
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		6,000.00	23,153.56

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Key Bank PO Box 91216 Cleveland OH 44113 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	September Interest Occupation Aggregate Year-to-Date > \$ 666.76	9-30-99	97.26
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	97.26

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
 BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KAR Industries PO Box 220690 Charlottesville VA 22916	PAC Pins Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-9-99	6000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	6000

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Brotherhood of Locomotive Engineers 1370 Ontario Street Cleveland OH 44113	Reimbursement of Administrative Fees	9-2-99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5  
FOR LINE NUMBER 23 45

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NAME OF COMMITTEE (in Full)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Congressman Holden PO Box 37 St Clair PA 17970	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General PA <input type="checkbox"/> Other (specify)	9-9-99	500
Andrews for Congress PO Box 295 Oaklyn NJ 08107	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General NJ <input type="checkbox"/> Other (specify)	9-9-99	1,000
American Center of Polish Culture 2025 "Q" Street NW Washington DC 20036	Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General US <input type="checkbox"/> Other (specify)	9-9-99	1500
Dianne Byers for Congress PO Box 26191 Lansing MI 48909	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General MI <input type="checkbox"/> Other (specify)	9-17-99	500
Doyle for Congress PO Box 17426 Pittsburgh PA 15235	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General PA <input type="checkbox"/> Other (specify)	9-17-99	500
Jim Davis for Congress PO Box 2884 Washington DC 20013	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General FL <input type="checkbox"/> Other (specify)	9-17-99	500
Re-elect McGovern Committee PO Box 60405 Worcester MA 01606	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General MA <input type="checkbox"/> Other (specify)	9-17-99	500
DeSarno for Congress 421 New Jersey Ave SE Washington DC 20003	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General NY <input type="checkbox"/> Other (specify)	9-17-99	500
Gene Star Friend 4 C Street SE Washington DC 20003	Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General US <input type="checkbox"/> Other (specify)	9-17-99	500

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

6000

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

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FOR LINE NUMBER 23 44

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NAME OF COMMITTEE (in Full)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stupak for Congress PO Box 443 Menominee MI 49858	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>MI</u>	9-17-99	1000
B. Full Name, Mailing Address and ZIP Code A Lot of People for Dave Obey PO Box 75214 Washington DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>MI</u>	9-24-99	1,000
C. Full Name, Mailing Address and ZIP Code Abercrombie for Congress PO Box 2884 Washington DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>HI</u>	9-24-99	1000
D. Full Name, Mailing Address and ZIP Code Crowley for Congress 704 Faded & Associates 6282 Occoquan Forest Dr Manassas VA 20112	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>VA</u>	9-24-99	1,000
E. Full Name, Mailing Address and ZIP Code Klink for US Senate PO Box 15491 Pittsburgh PA 15237	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>PA</u>	9-24-99	1000
F. Full Name, Mailing Address and ZIP Code Moore for Congress PO Box 14631 Shawnee KS 66285	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>KS</u>	9-24-99	1000
G. Full Name, Mailing Address and ZIP Code Friends of Lane Owen Committee PO Box 5263 Rock Island IL 61204	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>IL</u>	9-26-99	500
H. Full Name, Mailing Address and ZIP Code Gene Green Congressional Camp PO Box 75214 Washington DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>DC</u>	9-26-99	500
I. Full Name, Mailing Address and ZIP Code Karen McCauley for Congress PO Box 2884 Washington DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>MO</u>	9-26-99	500

SUBTOTAL of Disbursements This Page (optional)

7500

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 3 OF 5  
FOR LINE NUMBER 23 48

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NAME OF COMMITTEE (in Full)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress Committee 7905 Melbourn Rd Clenton MD 20735	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General MD <input type="checkbox"/> Other (specify)	9-26-99	1,000
Roth for Senate 424 C Street NE - 1st Floor Washington DC 20002	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General VA <input type="checkbox"/> Other (specify)	9-26-99	1,000
American Center of Political Culture Inc 2025 "O" Street NW Washington DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General US <input type="checkbox"/> Other (specify)	9-27-99	1,000
Congressman Bohlenment Committee 10 Ann Conahan Neversky 998 North Royal Street Alexandria VA 22314	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General TN <input type="checkbox"/> Other (specify)	9-28-99	500
Business for Congress 6436 Skerioner Court Friendship MD 20758	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General TN <input type="checkbox"/> Other (specify)	9-28-99	500
Franks for Congress PO Box 4061 New Providence NJ 07974	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General NJ <input type="checkbox"/> Other (specify)	9-28-99	500
Friends of Jim Maloney 20 Court Main Street Waterbury CT 06702	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General CT <input type="checkbox"/> Other (specify)	9-28-99	500
Friends of Mike Forbes PO Box 075214 Washington DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General NY <input type="checkbox"/> Other (specify)	9-28-99	500
Masler for Congress PO Box 75214 Washington DC 20013	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General PA <input type="checkbox"/> Other (specify)	9-28-99	500

SUBTOTAL of Disbursements This Page (optional) ..... 6000

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 4 OF 5  
FOR LINE NUMBER 23 45

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NAME OF COMMITTEE (In Full)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Thompson for Congress 442 New Jersey Ave SE Washington DC 20003	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) CA	9-28-99	500
Queen of Congress Committee PO Box 2012 Blauvelt NY 14219	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NY	9-28-99	500
Tom Sawyer Committee 1540 West Market Street Akron OH 44313	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OH	9-28-99	500
Joy Sweeney for Congress PO Box 1007 Bay City TX 77404	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) TX	9-28-99	1,000
Martin Frost Campaign Committee PO Box 5214 Washington DC 20013	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) TX	9-28-99	1,000
Young Democrats of America 430 S Capitol St SE Washington DC 20003	Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) US	9-28-99	1,000
Baird for Congress 442 New Jersey Ave SE Washington DC 20003	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) WA	9-30-99	500
Baldacci for Congress Committee 729-15th Street NW 3rd Floor Washington DC 20005	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ME	9-30-99	500
Berkley PO Box 2884 Washington DC 20013	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NV	9-30-99	500

SUBTOTAL of Disbursements This Page (optional)

6000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
 BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Filner for Congress PO Box 129868 San Diego CA 92112	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) CA	9-30-99	500
Danner for Congress PO Box 43 Smithville MO 64089	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) MO	9-30-99	500
Re-elect Congressman Joe Moakley PO Box 1073 Boston MA 02203	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) MA	9-30-99	500
Friends of Bernice Thompson PO Box 100 Baltimore MS 39041	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) MS	9-30-99	1000
Friends of George Miller PO Box 05864 Concord CA 94524	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) CA	9-30-99	1000
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	3500
TOTAL This Period (last page this line number only) .....	29000

Name of Committee (or Full) <b>BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND</b>				
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>WEST VIRGINIA STATE LEGISLATIVE BOARD Z BRENT HOGGS - CHAIRMAN P O BOX 254 GASSAHOE WY 26024</b>	Original Amount of Loan <b>\$10,000.00</b>	Cumulative Payments To Date <b>2,500</b>	Balance Outstanding at Close of This Period <b>7,500</b>	
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred <b>3-23-93</b> Date Due <b>NONE</b> Interest Rate <b>NONE</b> <input type="checkbox"/> Mtd <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ <input type="checkbox"/> Mtd <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
<b>SUBTOTALS</b> This Period This Page (optional) .....				
<b>TOTALS</b> This Period (See page 1 of this form only) .....				
Carry outstanding balance only to LINE 3, Schedule D, for this loan. If no Schedule D, carry forward to appropriate line of Summary.				

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 29 At

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)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Int Democratic Legislative Campaigns Box 802 Helena mt 59624	Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) mt	9-2-99	500
B. Full Name, Mailing Address and ZIP Code Huntington for Jordan Davis Committee 44 Elm Street Huntington mt 11743	Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NY	9-9-99	150
C. Full Name, Mailing Address and ZIP Code Royce West Campaign 400 South Zang Blvd - Suite 600 Dallas TX 75208	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) TX	9-9-99	500
D. Full Name, Mailing Address and ZIP Code Cris County Dem Committee Ellicott Square Bldg - Suite 11 Buffalo mt 14203	Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NY	9-13-99	1000
E. Full Name, Mailing Address and ZIP Code Ryan & Franz for Council 1831 Laurel Terrace South Brunswick NJ 07719	Contributions Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) NJ	9-13-99	250
F. Full Name, Mailing Address and ZIP Code Citizens for Bob Chaff 10223 Fairview Street Lawrenceburg IN 47025	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IN	9-26-99	250
G. Full Name, Mailing Address and ZIP Code Crawford Committee 2033-A 18446 Indianapolis IN 46218	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IN	9-26-99	250
H. Full Name, Mailing Address and ZIP Code Dave Crooks for State Representative 120 S Winthrop Lane Washington IN 47501	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IN	9-26-99	250
I. Full Name, Mailing Address and ZIP Code Hoosier for Scott Peckath 1030 N Karwisch #6 Richmond City IN 46360	Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IN	9-26-99	250

SUBTOTAL of Disbursements This Page (optional)

3400

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 2  
FOR LINE NUMBER 29 pt

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NAME OF COMMITTEE (in Full)

BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Levich for Lt Representative 2816 North 400 East Fowler In 47944	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 In	9-26-99	250
B. Full Name, Mailing Address and ZIP Code Democratic Party of Illinois P.O. Box 610 Springfield IL 62705	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 In	9-26-99	300
C. Full Name, Mailing Address and ZIP Code Timchen for State Representative P.O. Box 158 Riley In 47871	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 In	9-26-99	300
D. Full Name, Mailing Address and ZIP Code South Dakota Dem Party 401 East 8th North Sioux Falls SD 57013 Judy Olson Treasurer	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) SD	9-26-99	1,000
E. Full Name, Mailing Address and ZIP Code Committee to Elect Clyde Kersey 8057 C. Summit Ave Terre Haute In 47805	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) In	9-28-99	250
F. Full Name, Mailing Address and ZIP Code Harris for State Representative 4114 Buitemut Street East Chicago In 46312	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) In	9-28-99	250
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

2350

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

5750

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-8-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sch</i> PREPARER	10-12-99 DATE PREPARED