

SCHEDULE B		ITEMIZED DISBURSEMENTS		7 / 24
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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) International Brotherhood of Electrical Workers Committee on Political Education				
Full Name, Mailing Address, and ZIP Code Representative Robert Wesler 2500 North Military Trail, #288 Boca Raton FL 33431	Purpose of Disbursement Contribution: Robert Wesler (F-L-19-D) (House - FL - 19) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/07/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Lois Combs-Weinberg 167 West Main Street, Suite 1111 Lexington KY 40507	Purpose of Disbursement Contribution: Lois Combs-Weinberg (KY-D) (Senate - KY - 0) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/07/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Representative Michael F. Doyle PO Box 17426 Pittsburgh PA 15235	Purpose of Disbursement Contribution: Michael F. Doyle (PA-18-D) (House - PA - 18) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/07/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Representative Robert Wesler 2500 North Military Trail, #288 Boca Raton FL 33431	Purpose of Disbursement Returned Check #2401 dated 5/7-/2001 for (House - FL - 19) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/07/2001	Amount of Each Disbursement This Period -1000.00	
Full Name, Mailing Address, and ZIP Code Representative Michael F. Doyle PO Box 17426 Pittsburgh PA 15235	Purpose of Disbursement Returned Check #2409 dated 5/7-/2001 for (House - PA - 18) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/08/2001	Amount of Each Disbursement This Period -500.00	
Full Name, Mailing Address, and ZIP Code Representative Michael F. Doyle PO Box 17426 Pittsburgh PA 15235	Purpose of Disbursement Contribution: Michael F. Doyle (PA-18-D) (House - PA - 18) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/08/2001	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Lone Star Fund 4 E Street SE Washington DC 20003	Purpose of Disbursement Contribution: Lone Star Fund (TX-O) (- TX -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Annual	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code Representative David Wu 921 S.W. Morrison, Suite 436 Portland OR 97205	Purpose of Disbursement Contribution: David Wu (OR-1-D) (House - OR - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code Representative David Wu 921 S.W. Morrison, Suite 436 Portland OR 97205	Purpose of Disbursement Contribution: David Wu (OR-1-D) (House - OR - 1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 5000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				