

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAKING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) International Union of Bricklayers & Allied Craftworkers	2000 MAR 21 A 9 39 2. FEC IDENTIFICATION NUMBER C00003632
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 815 15th Street, N.W.	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE AND ZIP CODE Washington, D.C. 20005	

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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input checked="" type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Feb 1, 2000</u> through <u>Feb 28, 2000</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 378,680.83
(b) Cash on Hand at Beginning of Reporting Period	\$ 398,583.43	
(c) Total Receipts (from Line 19)	\$ 34,919.41	\$ 61,418.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 433,502.84	\$ 440,099.31
7. Total Disbursements (from Line 30)	\$ 15,852.04	\$ 22,448.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 417,650.80	\$ 417,650.80
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-378-3120
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: Joanne E Reagan

Signature of Treasurer: Joanne E. Reagan

Date: 3/20/2000

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

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	365.88	365.88	11(a)(i)
ii. Unitemized	28,359.98	54,461.75	11(a)(ii)
iii. Total (add i and ii) >	28,724.86	54,827.63	11(a)(iii)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a, b, and c) >	28,724.86	54,827.63	11(d)
12. Transfers From Affiliated/Other Party Committees	194.55	590.85	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	6,000.00	6,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-	17
18. Transfers from Nonfederal Account for Joint Activity	-	-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	34,919.41	61,418.48	19
20. Total Federal Receipts (subtract line 18 from line 19) >	34,919.41	61,418.48	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)(i)
ii. Non-Federal Share	-	-	21(a)(ii)
b. Other Federal Operating Expenditures	3852.04	10,448.51	21(b)
c. Total Operating Expenditures (add a, i, and b) >	3852.04	10,448.51	21(c)
22. Transfers to Affiliated/Other Party Committees	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,000.00	12,000.00	23
24. Independent Expenditures (see 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. Individual/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	-	-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,852.04	22,448.51	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	15,852.04	22,448.51	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	28,724.86	54,827.63	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	28,724.86	54,827.63	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3852.04	10,448.51	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	3852.04	10,448.51	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 3
FOR LINE NUMBER 11

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 Union of Bricklayers and Allied Craftworkers
Political Action Committee 00003632

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Acuffine 513 Pat Haven Drive Pittsburgh, PA 15243	Bricklayers and Allied Craftworkers		BIWEEKLY
Occupation: IU Field Staff Aggregate Year-to-Date > \$	payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Boland 1963 Columbia Pike #11 Arlington, VA 22204	Bricklayers and Allied Craftworkers		MONTHLY
Occupation: Secretary-Treasurer Aggregate Year-to-Date > \$249.45	payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			129.01
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Cain 1300 Schneblin Lane Peoria, IL 61604	Bricklayers and Allied Craftworkers		BIWEEKLY
Occupation: IU Field Staff Aggregate Year-to-Date > \$	payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Bricklayers & Allied Craftworkers		BIWEEKLY
Occupation: IU Field Staff Aggregate Year-to-Date > \$	payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas DeGarmo 1802 Lansdowne Way Silver Spring, MD 20901	Bricklayers and Allied Craftworkers		BIWEEKLY
Occupation: IU Field Staff Aggregate Year-to-Date > \$	payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alfred Dirienzo 20719 Crystal Hill Circle Apt. # K Germantown, MD 20874	Bricklayers and Allied Craftworkers		BIWEEKLY
Occupation: Director Trade Jur. Aggregate Year-to-Date > \$	payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Douglas 303B Morningside Drive Bloomington, IL 60108	Bricklayers and Allied Craftworkers		BIWEEKLY
Occupation: IU Field Staff Aggregate Year-to-Date > \$	payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 129.01

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full) **International Union of Bricklayers and Allied Craftworkers Political Action Committee C00003632**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Weaver 422 East 57th Street Los Angeles, CA 90011	Bricklayers and Allied Craftworkers	payroll deduction	BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IU Field Staff	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td data-bbox="1483 740 1756 846">Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
David Williams 1961 honeysuckle Lane SW Atlanta, GA 30311	Bricklayers and Allied Craftworkers	payroll deduction	BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IU Field Office	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td data-bbox="1483 1058 1756 1164">Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
Patrick Zimick 5604 Bobolink Place New Market, MD 21774	Bricklayers and Allied Craftworkers	payroll deduction	BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IU Field Staff	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td data-bbox="1483 1375 1756 1481">Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
Ken Lambert 53 W. Jackson Blvd. Suite 315 Chicago, IL. 60604	Bricklayers and Allied Craftworkers	payroll deduction	monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation IU Executive VP	Aggregate Year-to-Date > \$ 225.06	116.87
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td data-bbox="1483 1693 1756 1799">Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
	Bricklayers and Allied Craftworkers	payroll deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td data-bbox="1483 2010 1756 2116">Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
	Bricklayers and Allied Craftworkers	payroll deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td data-bbox="1483 2328 1756 2352">Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
	Bricklayers and Allied Craftworkers	payroll deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

116.87

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full) International Union of Bricklayers and Allied Craftworkers Political Action Committee C00003632

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bellucci 3132 Basford Road Frederick, Maryland 21703	International Masonry Institute		BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Instructor	payroll deduction	
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Bonanni 201 North 2nd Avenue Highland Park, NJ 08904	International Masonry Institute		BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Instructor	payroll deduction	
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Brents 14403 Lawrence Road Little Rock, AR 72206	International Masonry Institute		BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Instructor	payroll deduction	
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Virgil Brooks 4020 Laurel Street Tampa, FL 33607	International Masonry Institute		BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Instructor	payroll deduction	
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raoul Cervantes 1078 Calle Carrillo San Dimas, CA 91773	International Masonry Institute		BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Instructor	payroll deduction	
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joan B. Calambokidis 3453 Hidden River View Annapolis, MD 21403	International Masonry Institute		60.00 BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: IMI President	payroll deduction	
	Aggregate Year-to-Date > \$ 240		120.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Cherry 745 Murphy Road Bowling Green, KY 42101	International Masonry Institute		BIWEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: Instructor	payroll deduction	
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

365.88

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full) International Union of Bricklayers & Allied Craftworkers Political Action Committee C00003632			
A. Full Name, Mailing Address and ZIP Code Rhode Island Bricklayers Political Action Account P.O. Plaza, 150 Midway Rd. #153 Cranston, RI 02920-5743	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	N/A	2/14/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	194.55
	N/A	> \$	
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 Year-to-Date	
		> \$	
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 Year-to-Date	
		> \$	
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 Year-to-Date	
		> \$	
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 Year-to-Date	
		> \$	
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 Year-to-Date	
		> \$	
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 Year-to-Date	
		> \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	194.55

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full) International Union of Bricklayers and Allied Craftworkers
Political Action Committee C00003632

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Democratic National Committee 430 S. Capitol Street Washington, DC 20003		1/31/00	6,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
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 Year-to-Date > \$	
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 Year-to-Date > \$	
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 Year-to-Date > \$	
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 Year-to-Date > \$	
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 Year-to-Date > \$	
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 Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21-B

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NAME OF COMMITTEE (In Full) **International Union of Bricklayers & Allied Craftworkers Political Action Committee C00003632**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BAC 815 15th Street, N.W Washington, D.C. 20005	Salary Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/25/00	3,852.04
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)

3852.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) **International Union of Bricklayers & Allied Craftworkers Political Action Committee 00003632**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baseler for Congress P.O. Box 1807 Lexington, KY 40588	Contribution for Scotty Baseler, KY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Cooper for Congress Committee 244 Coventry Place Edwardsville, IL 62025	Contribution For Jeffery Cooper IL. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	500.00
C. Full Name, Mailing Address and ZIP Code Feinstein 2000 P.O. Box 75156 Washington, DC 20013	Contribution for Dianne Feinstein Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Jane Harman P.O. Box 96 Torrence, CA 90507	Contribution for Jane Harman CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	3,000.00
E. Full Name, Mailing Address and ZIP Code Max Sandlin for Congress P.O. 1281 Marshall, TX 75671	Contribution for Max Sandlin TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Patsy T. Mink Campaign P.O. Box 4452 Honolulu, HI 96812	Contribution for Patsy Mink HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Senn 2000 227 Massachusetts, Ave., NE Washington, DC 20002	Contribution for Deborah Senn WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	500.00
H. Full Name, Mailing Address and ZIP Code Irish American Democrats 3704 O'NEAL ST. NW WASH. DC 20015	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	3,000.00
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)

12,000.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>3-21-00</i>
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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