

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 23

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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
Allen Boyd Jr for Congress PO Box 10703 Tallahassee FL 32317	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) FL	12-5-97	200
Dem Congressional Campaign Committee 430 S. Capitol Street SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) US	12-5-97	2,500
Ri-Pac 530-7th St SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) RI	12-12-97	1,000
Boyle for Senate Campaign PO Box 6328 Cleveland OH 44101	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) OH	12-12-97	3,000
Passerelli Bill 38 Dwy Street SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) WJ	12-19-97	500
Sutther for Congress 1399 Geneva Ave N. Suite 103 Oakdale MN 55128	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) MN	12-19-97	250
Sutther for Congress 1399 Geneva Ave N. Suite 103 Oakdale MN 55128	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) MN	12-19-97	250
Bob Wise for Congress Committee To Bonnie Greenleaf Treasurer PO Box 5336 Charleston WV 25361	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) WV	12-19-97	1,000
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

8700 ⁰⁰