

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUN 20 11 24 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1370 ONTARIO STREET MEZZANIE-STANDARD BLDG	2. FEC IDENTIFICATION NUMBER C-00099234
CITY, STATE and ZIP CODE CLEVELAND OH 44113	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

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	MAY 1, 1997 through MAY 31, 1997		
6. (a) Cash on Hand January 1, 1997			\$ 93,851.74
(b) Cash on Hand at Beginning of Reporting Period		\$ 158,311.29	
(c) Total Receipts (from Line 19)		\$ 27,065.89	\$ 144,313.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 185,377.18	\$ 238,165.26
7. Total Disbursements (from Line 30)		\$ 16,550.00	\$ 69,338.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 168,827.18	\$ 168,827.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 7,500.00	
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 RUSSELL W BENNETT			
Signature of Treasurer <i>Russell W. Bennett</i>		Date 6-17-97	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20485  
Toll Free 800-424-9530  
Local 202-219-3420

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

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 BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND		REPORT COVERING PERIOD FROM MAY 1, 1997 TO MAY 31, 1997	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(7)
i. Itemized (use Schedule A)			11(a)(8)
ii. Unitemized		26,992.84	142,926.23
iii. Total (add i and ii) >		26,992.84	142,926.23
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >		26,992.84	142,926.23
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.)		73.05	387.29
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		27,065.89	144,313.52
20. Total Federal Receipts (subtract line 16 from line 19) >		27,065.89	144,313.52
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(8)
i. Federal Share			21(a)(9)
ii. Non-Federal Share		-0-	703.08
b. Other Federal Operating Expenditures		-0-	703.08
c. Total Operating Expenditures (add a ii, b and c) >		500.00	2,500.00
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees		13,875.00	56,050.00
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. 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) >		2,175.00	10,085.00
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		16,550.00	69,338.08
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		16,550.00	69,338.08
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		26,992.84	142,926.23
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		26,992.84	142,926.23
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	703.08
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		-0-	703.08

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 17  
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 44107	May-Interest	5-31-97	73.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 387.29	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

73.05

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 27

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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
Brotherhood of Locomotive Engineers 1370 Ontario Street Cleveland OH 44113	Reimbursement for Administration Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-97	500 <sup>00</sup>
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<sup>00</sup>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3  
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
Jack Moore Testimonial Committee IBEW 1125 - 15th Street NW Washington DC 20005	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) KS	5-7-97	175 <sup>00</sup>
B. Full Name, Mailing Address and ZIP Code Democratic Governors Association 430 S Capitol Street SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) KS	5-7-97	1100 <sup>00</sup>
C. Full Name, Mailing Address and ZIP Code Committee To Re-elect Nydia M Valaguz 150 N Carolina Ave SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NY	5-7-97	500 <sup>00</sup>
D. Full Name, Mailing Address and ZIP Code Woolsey for Congress PO Box 1750176 Petaluma CA 94975	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CA	5-7-97	500 <sup>00</sup>
E. Full Name, Mailing Address and ZIP Code Dorothy Babaker for Congress PO Box 2147 Lexington Kf 40595	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) KY	5-7-97	500 <sup>00</sup>
F. Full Name, Mailing Address and ZIP Code Clerie P. Mack for Congress 421 New Jersey Ave SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FL	5-7-97	500 <sup>00</sup>
G. Full Name, Mailing Address and ZIP Code Coloradoans for David Skaggs PO Box 652 Westminster CO 80030	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CO	5-7-97	500 <sup>00</sup>
H. Full Name, Mailing Address and ZIP Code Carolyn Chicks Kipatrach for Congress PO Box 75214 Washington DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) MI	5-7-97	500 <sup>00</sup>
I. Full Name, Mailing Address and ZIP Code Congressman Bert Gordon Committee 4491 MacArthur Blvd NW #201 Washington DC 20001	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) TN	5-7-97	1000 <sup>00</sup>

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

5175<sup>00</sup>

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
Sabo for Congress 644 N Carolina Ave SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) MN	5-7-97	1100
B. Full Name, Mailing Address and ZIP Code Btk Wise for Congress Committee PO Box 5336 Charleston WV 25361	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WV	5-7-97	500
C. Full Name, Mailing Address and ZIP Code DeBartolo for Congress Committee 500 Victory Rd Quincy MA 02171	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) MA	5-12-97	200
D. Full Name, Mailing Address and ZIP Code Btk Wise for Congress Committee PO Box 5336 Charleston WV 25361	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WV	5-12-97	500
E. Full Name, Mailing Address and ZIP Code Friends of Sheppard Boelter 1212 North Vernon St Arlington VA 22201	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) VA	5-12-97	500
F. Full Name, Mailing Address and ZIP Code Merritt for Congress Committee Box 1091 Johnstown PA 15907	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) PA	5-12-97	1100
G. Full Name, Mailing Address and ZIP Code Alan Mollohan for Congress Committee PO Box 1343 Fairmont WV 26555	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WV	5-12-97	1000
H. Full Name, Mailing Address and ZIP Code Sherman for Congress 20929-47 Ventura Blvd - Box 1015-A Woodland Hills CA 91364	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CA	5-12-97	500
I. Full Name, Mailing Address and ZIP Code DeFazio for Congress PO Box 2887 Washington DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) OR	5-12-97	1000

SUBTOTAL of Disbursements This Page (optional)

6200

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 3  
FOR LINE NUMBER 23 NS

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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 for Harry Reid 245-2nd Street NE-Ste 300 Washington DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-97	1000
Pro crew for Congress 38 Ivy Street SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-97	500
Furse for Congress 1125 SE Edmondson Room 103 Portland OR 97214	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-14-97	500
Darlene Hooley for Congress 38 Ivy Street SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-19-97	500
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) .....

2500

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

13875

Name of Committee (in 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</b> <b>2 BRENT BOGGS - CHAIRMAN</b> <b>P O BOX 254</b> <b>CASSAWAY, WV 25675</b> Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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>
Terms: Date Incurred <u>3-23-93</u> Date Due <u>NONE</u> Interest Rate <u>NONE</u> (Annual) <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  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ (Annual) <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: \$		
SUBTOTAL This Period This Page (optional) .....			
TOTALS This Period (see page in this line only) .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If so 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

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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
Committee To Re-elect Nancy Hannigan PO Box 402 Sikefield IL 62056	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	110
Illinois Senate Democratic Fund PO Box 5537 Springfield IL 62705	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	250
Friends of Dennis Jacobo 3511 - 8th Street East Moline IL 61244	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	120
Friends of Glenn Bradford 103 Lakewood Helen Carbon IL 62034	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	100
Democratic Party of Illinois 1104 S. 2nd Street Springfield IL 62704	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	100
Hartke for Congress PO Box 6026 Effingham IL 62401	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	100
Friends of Severns PO Box 0117 Decatur IL 62523	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	100
The Nebraska Society of Washington DC 7205 Butternut Drive Alexandria VA 22307	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	500
Friends of Michael J. Medigan PO Box 210 Springfield IL 62705	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	150

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

1475

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

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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 for Renee Kooal 11243 K Luth Drive Mokena IL 60448	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	250 <sup>00</sup>
Committee to Elect Steven Tolman 17 Madeline Street Brighton MA 02135	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	300 <sup>00</sup>
Disist for assembly 621 Lafayette Lane Altosha PA 16602	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-97	200 <sup>00</sup>
Mary Forendata in for the Handicapped to Matthew Troy Copine Fabius way - Good Chilson ave Westburg NY 11540	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-12-97	250 <sup>00</sup>
COPE PO Box 5001 Wood Lake Park AR 72119	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-14-97	200 <sup>00</sup>
View Snyder for Congress Campaign	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-7-97	return of \$5543 (500 <sup>00</sup> )
G. 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)		
H. 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)		
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)

700

TOTAL This Period (last page this line number only)

2175<sup>00</sup>

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
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<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
<i>D.A.Q.</i> PREPARER	6/20/97 DATE PREPARED