

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

CO. STUILL
MAIL ROOM

AUG 20 5 19 11 '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Northern Lights Political Action Committee		2. FEC IDENTIFICATION NUMBER C00331827
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 300		
CITY, STATE and ZIP CODE Washington, DC 20036		
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:
- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input checked="" 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>07/01/98</u> through <u>07/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 1,000.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 45,743.20	
(c) Total Receipts (from Line 19)	\$ 37,000.00	\$ 108,700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 82,743.20	\$ 109,700.00
7. Total Disbursements (from Line 80)	\$ 6,497.38	\$ 33,454.18
9. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 76,245.82	\$ 76,245.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9600 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
Barbara W. Bonfiglio, Assistant Treasurer

Signature of Treasurer *Barbara W. Bonfiglio* Date 8/20/98

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 Northern Lights Political Action Committee		REPORT COVERING PERIOD	
		FROM 07/01/98	TO: 07/31/98
		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)	29,000.00	55,300.00	11(a)(i)
ii. Unitemized	0.00	400.00	11(a)(ii)
iii. Total	29,000.00	55,700.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	8,000.00	53,000.00	11(c)
d. Total Contributions	37,000.00	108,700.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts	37,000.00	108,700.00	19
20. Total Federal Receipts	37,000.00	108,700.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	1,200.32	13,157.12	21(b)
c. Total Operating Expenditures	1,200.32	13,157.12	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,297.06	20,297.06	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements	6,497.38	33,454.18	30
31. Total Federal Disbursements	6,497.38	33,454.18	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	37,000.00	108,700.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	37,000.00	108,700.00	34
35. Total Federal Operating Expenditures	1,200.32	13,157.12	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures	1,200.32	13,157.12	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 a 1

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)
Northern Lights Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer Info requested	Date (month, day, year)	Amount of Each Receipt This Period
Bill Allen 813 W. Northern Lights Blvd. Anchorage, AK 99503	Occupation	07/07/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code Bernd Bodal 2025 1st Ave., Ste. 900 Seattle, WA 98121	Name of Employer Info requested	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	07/07/98	1,000.00
		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Christina Fuchs 29417 NW 11th Ave. Ridgefield, WA 98642	Name of Employer Info requested	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	07/07/98	1,000.00
		Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Peter Laathard 3840 Delwood Pl. Anchorage, AK 99504	Name of Employer Info requested	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	07/07/98	5,000.00
		Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code Carl Marrs 1414 W. 7th Ave., #4 Anchorage, AK 99501	Name of Employer Cook Inlet Region, Inc.	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 President/CEO	07/07/98	1,000.00
		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Howard Otis P.O. Box 72441 Fairbanks, AK 99707	Name of Employer Info requested	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	07/07/98	1,000.00
		Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Jack Rhyner 13146 Beach Circle Anchorage, AK 99515	Name of Employer Info requested	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	07/07/98	1,000.00
		Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) **15,000.00**

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 a

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NAME OF COMMITTEE (In Full)
Northern Lights Political Action Committee

A. Full Name, Mailing Address and ZIP Code Charles Robinson P.O. Box 9901 Vancouver, WA 98668	Name of Employer info requested Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 07/07/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code William Bode 1150 Connecticut Ave., #900 Washington, DC 20008	Name of Employer info requested Bode and Beckman Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 07/09/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Harold Wright 101 Whitney Road Anchorage, AK 99501	Name of Employer info requested Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/09/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Barbara Donatelli 13710 Jarvi Dr. Anchorage, AK 99515	Name of Employer info requested CIRI Occupation Exec. Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/15/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Richard Smith 2013 Forest Park Dr. Anchorage, AK 99517	Name of Employer info requested Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 07/20/98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Mark Allen 2101 Otter Anchorage, AK 99504	Name of Employer info requested Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 07/20/98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code William Sheffield 3125 Sustma View Ct. Anchorage, CT 99517	Name of Employer info requested Alaska Railroad Occupation President/CEO Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 07/22/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **14,000.00**

TOTAL This Period (last page this line number only) **29,000.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 c

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NAME OF COMMITTEE (in Full)
Northern Lights Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AT&T PAC 32 Avenue of the Americas New York, NY 10013		07/07/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 2,000.00	
Oshkosh Truck Corp. PAC 2307 Oregon St., Box 2566 Oshkosh, WI 54903		07/10/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	
Public Service Elec. and Gas Co. PAC 80 Park Plaza #4A Newark, NJ 07102		07/14/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	
Raytheon PAC 141 Spring St. Levington, MA 02173		07/15/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	
Kennecott PAC 150 E. Social Hall Ave., Ste. 400 Salt Lake City, UT 84111		07/22/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	
Gulfstream Aerospace PAC 1000 Wilson Blvd., Suite 2701 Arlington, VA 22209		07/28/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 2,000.00	
Northwest Airlines PAC 5101 Northwest Dr. St. Paul, MN 55111		07/28/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 7,000.00

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 c

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NAME OF COMMITTEE (In Full)
Northern Lights Political Action Committee

A. Full Name, Mailing Address and ZIP Code Delta PAC P.O. Box 20706 Atlanta, GA 30320	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 07/28/98	Amount of Each Receipt this Period 1,000.00
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 Occupation Aggregate Year-to-Date > \$	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):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	8,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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)

Northern Lights Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
116 Club 234 3rd St., NE Washington, DC 20002	reception exps. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/15/98	588.80
B. Full Name, Mailing Address and ZIP Code Robison International, Inc. One Massachusetts Ave., NW Suite 880 Washington, DC 20001	administrative exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/20/98	600.00
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)

1,188.80

TOTAL This Period (last page this line number only)

1,188.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Northern Lights Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Atlantic Valet, Inc. 1828 L St., NW, #803 Washington, DC 20036	parking Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	214.00 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	parking Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	214.00 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code Maria Washington U.S. Senate Restaurant Washington, DC 20510	caterering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	140.00 (In-Kind)
E. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	caterering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	140.00 (Memo In-Kind)
F. Full Name, Mailing Address and ZIP Code Edward Walker U.S. Senate Restaurant Washington, DC 20510	caterering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	140.00 (In-Kind)
G. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	caterering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	140.00 (Memo In-Kind)
H. Full Name, Mailing Address and ZIP Code Greg Kaplan 1400 S. Joyce St., Apt. 1218 Arlington, VA 22202	bar service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	200.00 (In-Kind)
I. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	bar service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/06/98	200.00 (Memo In-Kind)

SUBTOTAL of Disbursements This Page (optional)

1,694.00

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 23

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NAME OF COMMITTEE (in Full)

Northern Lights Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Ladd 1537 Shipsview Rd Annapolis, MD 21401	beverages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/07/98	309.16 (In-Kind)
B. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	beverages Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/07/98	309.16 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code First Virginia Visa P.O. Box 7588 Roanoke, VA 24019	inkind contrs. - catering, floral, etc. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/09/98	473.90 (In-Kind)
D. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	inkind contrs. - catering, floral, etc. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/09/98	473.90 (Memo In-Kind)
E. Full Name, Mailing Address and ZIP Code Friends of Nethercutt 1135 Old Gate Court McLean, VA 22102	George R. Nethercutt, U.S. HOUSE 5th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, Ste. 100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/23/98	500.00
G. Full Name, Mailing Address and ZIP Code Campbell Victory Fund P.O. Box 480186 Denver, CO 80248	Ben Nighthorse Campbell, U.S. SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/27/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Postmaster General Washington, DC	inkind contr - postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/98	320.00 (In-Kind)
I. Full Name, Mailing Address and ZIP Code Campbell Victory Fund P.O. Box 480186 Denver, CO 80248	inkind contr - postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/29/98	320.00 (Memo In-Kind)

SUBTOTAL of Disbursements This Page (optional)

3,603.06

TOTAL This Period (last page this line number only)

5,297.06

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>8-21-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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