

SCHEDULE B **ITEMIZED DISBURSEMENTS**
FEDERAL CANDIDATES & OTHER COMMITTEES

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NAME OF COMMITTEE (in full) **The Northern Trust Company Good Government Committee C00024935**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelleher for Congress PO Box 5404 Bloomington IL 61702	Mike Kelleher IL-15 House YTD \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	\$500.00
B. Full Name, Mailing Address and ZIP Code The Roth Senate Committee P.O. Box 105 Wilmington DE 19807	William Roth DE YTD \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Bill McCollum for U.S. Senate 3711 Cortez Road West Bradenton FL 34210	Bill McCollum FL-8 YTD \$1,250.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00	\$250.00
D. Full Name, Mailing Address and ZIP Code Florida BankPac PO Box 1360 Tallahassee FL 32302	Purpose of Disbursement YTD - \$250.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	\$250.00
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)	\$2,000.00