

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

ADDRESS (number and street) 50 SOUTH LASALLE STREET - M-9 CHICAGO IL 60603

2. FEC IDENTIFICATION NUMBER C00024935 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2009 through 06 30 2009

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 Wendy Mausolf

Signature of Treasurer Electronically Filed by Wendy Mausolf Date 07 13 2009

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		71602.17
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	68668.17									
(c) Total Receipts (from Line 19) .....	26046.01	26412.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94714.18	98014.18								
7. Total Disbursements (from Line 31) .....	23423.40	26723.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71290.78	71290.78								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	12650.00	12650.00
(ii) Unitemized .....	13329.00	13609.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25979.00	26259.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25979.00	26259.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	67.01	153.01
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26046.01	26412.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26046.01	26412.01

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	36.70	36.70
(ii) Non-Federal Share.....	36.70	36.70
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	73.40	73.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10900.00	13400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	12450.00	13250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23423.40	26723.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23386.70	26686.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	25979.00	26259.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25979.00	26259.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36.70	36.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	67.01	153.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-30.31	-116.31

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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 TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
R. Steven Bell

Mailing Address 570 Oak Knoll Lane

City State Zip Code  
Menlo Park CA 94205

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 15 / 2009  
Transaction ID: SA11AI.6947  
Amount of Each Receipt this Period: 1000.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Thomas R Benzmiller

Mailing Address 360 W. Illinois #611

City State Zip Code  
Chicago IL 60054

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 15 / 2009  
Transaction ID: SA11AI.6973  
Amount of Each Receipt this Period: 400.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Jay David Bergman

Mailing Address 585 Sunset River Road

City State Zip Code  
Northfield IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2009  
Transaction ID: SA11AI.6970  
Amount of Each Receipt this Period: 250.00  
Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) David Blowers	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 899 W. Deerpath	<b>Transaction ID:</b> SA11AI.6968
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer Northern Trust Company Occupation Banker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Philip Delaney	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 1411 Kimlira Lane	<b>Transaction ID:</b> SA11AI.6974
	City State Zip Code Sarasota FL 34231	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer Northern Trust Occupation Banker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert William Dodds, Jr.	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 537 Monroe Ave	<b>Transaction ID:</b> SA11AI.6999
	City State Zip Code Glencoe IL 60092	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer Northern Trust Occupation Banker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Carlos Echave			Date of Receipt		
	Mailing Address 2451 Brickell Ave #15-C			M M / D D / Y Y Y Y Y 06 / 15 / 2009		
	City Miami		State FL	Zip Code 33129		
	FEC ID number of contributing federal political committee. <b>C</b>			<b>Transaction ID:</b> SA11AI.6977		
	Name of Employer Northern Trust			Occupation Banker		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 400.00		
			Amount of Each Receipt this Period 400.00			
			Check			

<b>B.</b>	Full Name (Last, First, Middle Initial) Harriet J Fivecoat			Date of Receipt		
	Mailing Address 12645 Mason Forest Dr.			M M / D D / Y Y Y Y Y 06 / 15 / 2009		
	City St. Louis		State MO	Zip Code 63141		
	FEC ID number of contributing federal political committee. <b>C</b>			<b>Transaction ID:</b> SA11AI.6950		
	Name of Employer Northern Trust			Occupation Banker		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 400.00		
			Amount of Each Receipt this Period 400.00			
			Check			

<b>C.</b>	Full Name (Last, First, Middle Initial) David Hirschey			Date of Receipt		
	Mailing Address 1133 N. Dearborn			M M / D D / Y Y Y Y Y 06 / 15 / 2009		
	City Chicago		State IL	Zip Code 60610		
	FEC ID number of contributing federal political committee. <b>C</b>			<b>Transaction ID:</b> SA11AI.6942		
	Name of Employer The Northern Trust Co.			Occupation Banker		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 350.00		
			Amount of Each Receipt this Period 350.00			
			Check			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Hoffman

Mailing Address 108 Wilshire Drive

City Cranford State NJ Zip Code 07016

FEC ID number of contributing federal political committee. C

Name of Employer Northern Trust Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.7059

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Hamilton L. Kerr, III

Mailing Address 304 Cumnor Road

City Kenilworth State IL Zip Code 60043

FEC ID number of contributing federal political committee. C

Name of Employer Northern Trust Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.6990

Amount of Each Receipt this Period 300.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Douglas M Klein

Mailing Address 312 Thornridge Ct. NW

City Grand Rapids State MI Zip Code 49504

FEC ID number of contributing federal political committee. C

Name of Employer Northern Trust Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.6953

Amount of Each Receipt this Period 250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Lynn Mary Laughlin  
 Mailing Address 32434 Lake Road  
 City Avon Lake State OH Zip Code 44012  
 Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.6965  
 Amount of Each Receipt this Period 400.00  
 Check  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Northern Trust Occupation Banker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
James Daniel Leckinger  
 Mailing Address 994 Chadwick Ct.  
 City Aurora State IL Zip Code 60504  
 Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.7005  
 Amount of Each Receipt this Period 500.00  
 Check  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Northern Trust Occupation Banker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Lindley  
 Mailing Address 1914 Academy Place  
 City Wilmington State DE Zip Code 19806  
 Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.6798  
 Amount of Each Receipt this Period 200.00  
 Payroll  
 FEC ID number of contributing federal political committee. C  
 Name of Employer The Northern Trust Co. of DE Occupation Banker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 11 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William Lyons

Mailing Address 11 E. North St.

City Hinsdale State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Investments, NA Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.6959  
 Amount of Each Receipt this Period 500.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
L. Sandra Mackel

Mailing Address 1582 E. Moonshroud Drive

City Oro Valley State AZ Zip Code 85737

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.6987  
 Amount of Each Receipt this Period 250.00  
 Check

**C.** Full Name (Last, First, Middle Initial)  
Stephen J. Maclellan

Mailing Address 433 N. Wells Unit 602

City Chicago State IL Zip Code 60654

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2009  
**Transaction ID:** SA11AI.7013  
 Amount of Each Receipt this Period 500.00  
 Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Wayne Muldrow

Mailing Address 6639 n. Rockwell Ave #1

City Chicago State IL Zip Code 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2009

Transaction ID: SA11AI.7019

Amount of Each Receipt this Period 300.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Ms Helen H Nugent

Mailing Address 2936 Dick Wilson Dr

City Sarasota State FL Zip Code 34240

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Bank, FL Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2009

Transaction ID: SA11AI.6978

Amount of Each Receipt this Period 250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Thomas Oliveri

Mailing Address 5170 Regency Isles Way

City Cooper City State FL Zip Code 33330

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2009

Transaction ID: SA11AI.7020

Amount of Each Receipt this Period 300.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 850.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Douglas P Regan

Mailing Address 340 East Randolph  
Apartment 3804

City Chicago State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2009  
Transaction ID: SA11AI.6749  
Amount of Each Receipt this Period 250.00  
Payroll

**B.** Full Name (Last, First, Middle Initial)  
Douglas P Regan

Mailing Address 340 East Randolph  
Apartment 3804

City Chicago State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2009  
Transaction ID: SA11AI.6903  
Amount of Each Receipt this Period 250.00  
Payroll

**C.** Full Name (Last, First, Middle Initial)  
Jana R Schreuder

Mailing Address 803 Armour Dr.

City Lake Bluff State IL Zip Code 60044

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2009  
Transaction ID: SA11AI.6757  
Amount of Each Receipt this Period 500.00  
Payroll

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jana R Schreuder

Mailing Address 803 Armour Dr.

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.6909

Amount of Each Receipt this Period  
500.00

Payroll

**B.** Full Name (Last, First, Middle Initial)  
Y. Douglas Wang

Mailing Address 2903 Southington Road

City State Zip Code  
Shaker Heights OH 44120

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Trust Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.6963

Amount of Each Receipt this Period  
400.00

Check

**C.** Full Name (Last, First, Middle Initial)  
R Kelly Welsh

Mailing Address 2119 N Clifton

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer The Northern Trust Co. Occupation Banker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.6981

Amount of Each Receipt this Period  
2000.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

**TOTAL** This Period (last page this line number only) ..... ► 12650.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

A.	Full Name (Last, First, Middle Initial) Melissa Bean	Transaction ID: SB23.7025
	Mailing Address PO Box 3068	Date of Disbursement 05 / 28 / 2009
	City Barrington State IL Zip Code 60011	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Melissa Bean for Congress	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JUDY BIGGERT	Transaction ID: SB23.7026
	Mailing Address P.O. Box 637	Date of Disbursement 06 / 22 / 2009
	City Hinsdale State IL Zip Code 60521	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name JUDY BIGGERT FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Debbie Halvorson	Transaction ID: SB23.7029
	Mailing Address PO Box 176	Date of Disbursement 06 / 22 / 2009
	City Crete State IL Zip Code 60417	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Debbie Halvorson for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

A.	Full Name (Last, First, Middle Initial) Peter Roskam	Transaction ID: SB23.7022 Date of Disbursement 05 / 28 / 2009
	Mailing Address PO Box 713	
	City Wheaton State IL Zip Code 60189	Amount of Each Disbursement this Period 1350.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Roskam for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Peter Roskam	Transaction ID: SB23.7023 Date of Disbursement 05 / 28 / 2009
	Mailing Address PO Box 713	
	City Wheaton State IL Zip Code 60189	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name ROSKAM PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jan Schakowsky	Transaction ID: SB23.7021 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO Box 5130	
	City Evanston State IL Zip Code 60204	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Schakowsky for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	10900.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

A.	Full Name (Last, First, Middle Initial) Suzanne Bassi	Transaction ID: SB29.7034 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO Box 696	Amount of Each Disbursement this Period 500.00
	City Palatine State IL Zip Code 60078	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Citizen's for Bassi	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Suzanne Bassi	Transaction ID: SB29.7039 Date of Disbursement 06 / 22 / 2009
	Mailing Address PO Box 696	Amount of Each Disbursement this Period 450.00
	City Palatine State IL Zip Code 60078	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Citizen's for Bassi	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Will Burns	Transaction ID: SB29.7050 Date of Disbursement 06 / 22 / 2009
	Mailing Address 22 W. Washington Street MCM Consulting Group	Amount of Each Disbursement this Period 1500.00
	City Chicago State IL Zip Code 60602	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Friends of Will Burns	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Don Harmon  Mailing Address 1243 N. Woodbine Ave Suite 102  City Oak Park State IL Zip Code 60302  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Friends of Don Harmon Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.7049 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Dan Kotowski  Mailing Address PO Box 141  City Park Ridge State IL Zip Code 60068  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Dan Kotowski for State Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.7047 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) David MILLER  Mailing Address 1350 E. Sibley Blvd. Suite 202  City Dolton State IL Zip Code 60419  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name CITIZENS FOR DAVID E. MILLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 29	<b>Transaction ID:</b> SB29.7046 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Christine Radogno <hr/> Mailing Address Taylor Uhe LLC 312 S. Fourth St Suite 200 <hr/> City Springfield State IL Zip Code 62701 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Citizens for Christine Radogno Category/Type <input type="checkbox"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.7040 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Kwame Raoul <hr/> Mailing Address 22 W. Washington MCM Consulting Group <hr/> City Chicago State IL Zip Code 60602 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Friends of Kwame Raoul Category/Type 011 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.7048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Jeff Schoenberg <hr/> Mailing Address 101 W. Grand Suite 200 <hr/> City Chicago State IL Zip Code 60654 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Citizens for Jeff Schoenberg Category/Type 011 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.7037 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

A.	Full Name (Last, First, Middle Initial) Debra Shore  Mailing Address PO Box 4674  City Skokie State IL Zip Code 60077  Purpose of Disbursement  Candidate Name Friends of Debra Shore  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7043 Date of Disbursement 06 / 22 / 2009  Amount of Each Disbursement this Period 500.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Heather Steans  Mailing Address 5539 N. Broadway  City Chicago State IL Zip Code 60640  Purpose of Disbursement  Candidate Name Friends of Heather Steans  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7031 Date of Disbursement 04 / 15 / 2009  Amount of Each Disbursement this Period 500.00  011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Heather Steans  Mailing Address 5539 N. Broadway  City Chicago State IL Zip Code 60640  Purpose of Disbursement  Candidate Name Friends of Heather Steans  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7038 Date of Disbursement 06 / 22 / 2009  Amount of Each Disbursement this Period 1000.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12450.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
NORTHERN TRUST COMPANY GOOD GOVERNMENT COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
The Northern Trust Company

Mailing Address  
50 S. Lasalle Street

City	State	Zip Code
Chicago	IL	60603

001  
Category/  
Type

Purpose of Disbursement:  
Check Imprint Charge

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73.40

Date   

M	M
0	6

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.7055

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.70		36.70		73.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.70		36.70		73.40

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.70		36.70		73.40