

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**Northern Lights Political Action Committee**

ADDRESS (number and street)  Check if different than previously reported  
**1155 21st Street, NW, Suite 300**

CITY, STATE and ZIP CODE  
**Washington, DC 20036**

2. FEC IDENTIFICATION NUMBER  
**C00331827**

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

Jun 18 1 08 PM '99

## 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	<u>06/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 25,697.86
(b) Cash on Hand at Beginning of Reporting Period		\$ 111,251.93	
(c) Total Receipts (from Line 19)		\$ 27,970.50	\$ 107,506.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 139,222.43	\$ 133,204.25
7. Total Disbursements (from Line 30)		\$ 20,740.50	\$ 14,722.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 118,481.93	\$ 118,481.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
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.*

For further information contact:  
Federal Election Commission  
599 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

Type or Print Name of Treasurer  
**Barbara W. Bonfiglio, Assistant Treasurer**

Signature of Treasurer: *Barbara W. Bonfiglio*    Date: 6/17/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**FEC FORM 3X**  
(revised 8/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Northern Lights Political Action Committee	FROM	TO:	
	05/01/99	05/31/99	
	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			
i. Itemized (use Schedule A)	19,550.00	67,925.89	11(a)(i)
ii. Unitemized	420.50	580.60	11(a)(ii)
iii. Total (add i and ii) >	19,970.50	68,506.39	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	8,000.00	39,000.00	11(c)
d. Total Contributions (add a ii, b and c) >	27,970.50	107,506.39	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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	27,970.50	107,506.39	19
20. Total Federal Receipts (subtract line 18 from line 19) >	27,970.50	107,506.39	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule HM)			
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	14,804.50	21,505.39	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	14,804.50	21,505.39	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,938.00	-6,783.07	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. Individual/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 (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20,740.50	14,722.32	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	20,740.50	14,722.32	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	27,970.50	107,506.39	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	27,970.50	107,506.39	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	14,804.50	21,505.39	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	14,804.50	21,505.39	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11c

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 Chicago Mercantile Exchange PAC 30 S. Wagner Drive Chicago, IL 60606	Name of Employer  Occupation	Date (month, day, year)  05/14/99	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code La Salle National Corporation Community Action Co. (PAC) 135 La Salle Street Chicago, IL 60603	Name of Employer  Occupation	Date (month, day, year)  05/14/99	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Union Pacific Resources PAC 555 Thirteenth St, NW Suite 450 West Washington, DC 20004	Name of Employer  Occupation	Date (month, day, year)  05/14/99	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code SAIC Voluntary PAC 10260 Campus Point Dr., F2 San Diego, CA 92121	Name of Employer  Occupation	Date (month, day, year)  05/14/99	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Watkins PAC PO Box 1738 Atlanta, GA 30301	Name of Employer  Occupation	Date (month, day, year)  05/20/99	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Allstate Insurance Company PAC 2775 Sanders Road Suite A4 Northbrook, IL 60062	Name of Employer  Occupation	Date (month, day, year)  05/20/99	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Auction Market PAC of the Chicago 141 W. Jackson Blvd. Chicago, IL 60604	Name of Employer  Occupation	Date (month, day, year)  05/20/99	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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 **11c**

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Prostate Cancer Research, PAC 212 N. Sangamon St, No 1A Chicago, IL 60607	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/28/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

**SUBTOTAL** of Receipts This Page (optional) ..... 1,000.00

**TOTAL** This Period (last page this line number only) ..... 8,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 11 a 1

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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
Carl W. Knobloch Jr. 3000 Teton Pines Dr. D-1 Wilson, WY 83014	None	06/14/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 1,000.00	
James M. Denny 77 Fox Lane Winnetka, IL 60093	William Blair Capital Partners, LLC	05/14/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Private Equity Investor	Aggregate Year-to-Date > \$ 1,000.00	
James R. Donnelly 1500 N. Lake Shore Dr. Apt. 11-12B Chicago, IL 60610	RR Donnelly & Sons	05/14/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Printer	Aggregate Year-to-Date > \$ 1,000.00	
Gerald F. Fitzgerald Jr. 1683 Beaver Pond Road Inverness, IL 60067	Webb & O'Neill, Inc.	05/14/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$ 1,000.00	
Peter G. Fitzgerald 1650 Balmoral Circle Inverness, IL 60067	US Senator (IL)	05/14/99	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	
John O. Roeser 2 E. Main Street Carpentersville, IL 60110	Otto Engineering Inc.	05/14/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$ 1,000.00	
Donald Rumsfeld 400 North Michigan Ave. Suite 405 Chicago, IL 60611	self employed	05/14/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	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**

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PAGE 2 OF 4  
FOR LINE NUMBER 11 a 1

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Bill Noyes 260 Otis Road Barrington, IL 60010</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>York Business Assoc. (self)</b></p> <p>Occupation Trading</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/19/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Ed Noble PO Box 18651 Atlanta, GA 31128</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed</p> <p>Occupation Real Estate Developer</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 05/20/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> James G. Fitzgerald 1629 Colonial Parkway Inverness, IL 60067</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed (bank note Capital)</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/20/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Thomas G. Fitzgerald 1629 Colonial Parkway Inverness, IL 60067</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed (Bank Note Capital)</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/20/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Ronald J. Gidwitz 225 W. Wacker Dr. #1800 Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer GCG Partners</p> <p>Occupation partner</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/20/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Paul D. Tamfaz 1476 S. Barrington Road Barrington, IL 60010</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Motor Works of Barrington</p> <p>Occupation President-CEO</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/20/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> David G. Hanna 1810 Marlborough Drive Atlanta, GA 30350</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HBR Capitol</p> <p>Occupation partner</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 05/28/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

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

6,250.00

**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 3 OF 4  
FOR LINE NUMBER 11 a i

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Robert H. Hurt 4811 Butterworth Place Washington, DC 20016</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Hurt, Norton &amp; Associates</p> <p><b>Occupation</b> consultant</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>	<p><b>Date (month, day, year)</b> 05/26/99</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Frank Norton 8108 W. Blvd. Drive Alexandria, VA 22308</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Hurt, Norton &amp; Associates</p> <p><b>Occupation</b> Consultant</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>	<p><b>Date (month, day, year)</b> 05/28/99</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Oscar N. Persons One Atlantic Center W. Peachtree St. Atlanta, GA 30309</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Alston &amp; Bird</p> <p><b>Occupation</b> attorney</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> 05/28/99</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Kathleen Satche 5975 Riverwood Drive Atlanta, GA 30328</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> n/a</p> <p><b>Occupation</b> homemaker</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 300.00</p>	<p><b>Date (month, day, year)</b> 05/28/99</p>	<p><b>Amount of Each Receipt this Period</b> 300.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> William A. Schwartz 265 Cameron Drive Atlanta, GA 30328</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Prostate Cancer Research</p> <p><b>Occupation</b> President</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 500.00</p>	<p><b>Date (month, day, year)</b> 05/28/99</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Frank B. Strickland 30 Chatsworth Place, NW Atlanta, GA 30327-1349</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Wilson, Strickland &amp; Banson</p> <p><b>Occupation</b> Lawyer</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>	<p><b>Date (month, day, year)</b> 05/28/99</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Charles K. Watt 743 Tarrell Crossing Marietta, GA 30067</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Scientific Research Corporation</p> <p><b>Occupation</b> Chairman &amp; CEO</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,000.00</p>	<p><b>Date (month, day, year)</b> 05/28/99</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... 5,300.00

**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 4 OF 4  
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code Mack F. Mattingly 4315 10th Street East Beach St. Simons Island, GA 31522	Name of Employer self  Occupation entrepreneur	Date (month, day, year) 05/28/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,020.60	
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)	1,000.00
TOTAL This Period (last page this line number only)	19,550.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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
Alaskans for Don Young P.O. Box 100298 Anchorage, AK 99510	Don Young, U.S. HOUSE AL AK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gulfstream Aerospace Corporation 1000 Wilson Blvd. #2701 Arlington, VA 22209	in kind contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/27/99	936.00 (In-Kind)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for US Senate 7515 Coley Avenue Las Vegas, NV	in kind contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/27/99	936.00 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for US Senate 7515 Coley Avenue Las Vegas, NV	John Eric Ensign, U.S. SENATE NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/99	3,064.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for US Senate 7615 Coley Avenue Las Vegas, NV	John Eric Ensign, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/99	936.00
F. 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)		
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) ..... 5,936.00

**TOTAL** This Period (last page this line number only) ..... 5,936.00

**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
The P.H. Prochnow Group 1010 Wisconsin Ave., NW #200 Washington, DC 20007	consulting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/99	4,530.52
B. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60679-0001	credit card expense - see below for attribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/99	957.11
C. Full Name, Mailing Address and ZIP Code The Four Seasons Hotel Seattle, WA	hotel charges on Am Ex bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/99	668.11 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Carroll Travel 201 Massachusetts Ave., NE Washington, DC 20003	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/99	289.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60679-0001	credit card expense - see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/99	96.00
F. Full Name, Mailing Address and ZIP Code Chicago Cab Co. Chicago, IL	cab fare at Chicago fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/99	96.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Trudy Nichol & Associates 188 West Randolph Suite 2127 Chicago, IL 60601	fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/21/99	2,500.00
H. Full Name, Mailing Address and ZIP Code The Metropolitan Club 233 S. Wacker Drive 87th floor - Sears tower Chicago, IL 60606	fundraiser luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/99	1,795.15
I. Full Name, Mailing Address and ZIP Code Gulfstream Aerospace Corporation 1000 Wilson Blvd. #2701 Arlington, VA 22209	reimbursement for airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/99	4,801.00

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

14,679.78

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

14,679.78

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 6-18-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	6-18-99 DATE PREPARED