

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUN 20 P 4: 14

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Northern Lights Political Action Committee		2. FEC IDENTIFICATION NUMBER 000331827
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:

- 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 TNA Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>05/01/00</u> through <u>05/31/00</u>		
6.	(a) Cash on Hand January 1, <u>2000</u>		\$ 194,122.13
	(b) Cash on Hand at Beginning of Reporting Period	\$ 220,625.71	
	(c) Total Receipts (from Line 19)	\$ 15,500.00	\$ 103,857.11
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 236,125.71	\$ 297,979.24
7.	Total Disbursements (from Line 30)	\$ 35,773.11	\$ 97,628.64
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 200,352.60	\$ 200,352.60
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-624-6560
Local 202-694-1100

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

6/20/00

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

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Northern Lights Political Action Committee		REPORT COVERING PERIOD	
		FROM 05/01/00	TO 05/31/00
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	1,500.00	37,000.00
ii.	Unitemized	0.00	0.00
ii.	Total (add i and ii) >	1,500.00	37,000.00
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	14,000.00	65,250.00
d.	Total Contributions (add a ii, b and c) >	15,500.00	102,250.00
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.)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,607.11
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,500.00	103,857.11
20.	Total Federal Receipts (subtract line 18 from line 19) >	15,500.00	103,857.11
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0.00	0.00
ii.	Non-Federal Share	0.00	0.00
b.	Other Federal Operating Expenditures	23,273.11	33,126.64
c.	Total Operating Expenditures (add a i, a ii, and b) >	23,273.11	33,126.64
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	48,500.00
24.	Independent Expenditures (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 a, b and c) >	0.00	16,000.00
29.	Other Disbursements	35,773.11	97,626.64
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	35,773.11	97,626.64
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	15,500.00	102,250.00
33.	Total Contribution Refunds (from line 29d)	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	15,500.00	102,250.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	23,273.11	33,126.64
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) >	23,273.11	33,126.64

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

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	Date (month, day, year)	Amount of Each Receipt this Period
Seafarers Political Activity 5201 Auth Way Camp Springs, MD 20748		05/02/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Assoc. of Nurse Anesthetists CRNA PAC 412 First St., SE Suite 12 Washington, DC 20003		05/18/00	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Qualcomm Inc. PAC 2000 K St. Suite 375 Washington, DC 20006		05/16/00	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Int'l Organization of Masters, Mates & Pilots PAC 700 Maritime Blvd. Linthicum, MD 21090		05/16/00	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Air Line Pilots Assn., PAC 1925 Massachusetts, Ave., NW Washington, DC 20038		05/17/00	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Employees of Northrop Grumman PAC 520 S. Grand Ave. Suite 700 Los Angeles, CA 90071		05/18/00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Microsoft Corporation PAC 16011 NE 36th Way Box 97017 Redmond, WA 98073		05/18/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 2,000.00	

SUBTOTAL of Receipts This Page (optional) **8,000.00**

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 Federal Express PAC 2005 Corporate Ave., Memphis, TN 38132 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 05/30/00	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Seafarers Political Activity 5201 Auth Way Camp Springs, MD 20746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 05/30/00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	14,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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 Gregory Sharp 2305 N. Van Buren Ct. Arlington, VA 22205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Spectrum Group Occupation Consultant Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 05/18/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code James H. Dykstra 8306 Hunting Ridge Lane McLean, VA 22101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SIS Corp. Occupation Gov. Relations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/30/00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	1,500.00

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
Williams and Jensen, P.C. 1155 21st NW, Suite 300 Washington, DC 20036	legal fees and expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/00	760.00
B. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60678-0001	Purpose of Disbursement credit card charges- see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/00	157.38
C. Full Name, Mailing Address and ZIP Code Black Point Inn Scarborough, ME	Purpose of Disbursement room deposit for PAC event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/00	157.38 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code The P.H. Prochnow Group 1010 Wisconsin Ave., NW #200 Washington, DC 20007	Purpose of Disbursement consulting fees- fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/00	20,697.98
E. Full Name, Mailing Address and ZIP Code Northern Lights Non-Federal Account 1155 21st St., NW Suite 300 Washington, DC 20036	Purpose of Disbursement payment to non-fed for Corp. check dep. in April Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/16/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Colleen Templeton 1860 W. Secott St., Apt. 539 Arlington, VA 22209	Purpose of Disbursement payment for administrative services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/00	600.00
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)

23,235.36

TOTAL This Period (last page this line number only)

23,235.36

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 contribution	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Cmte. 425 2nd St., NE Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/02/00	7,500.00
B. Full Name, Mailing Address and ZIP Code Bush for President, Inc. PO Box 1902 Austin, TX 78767-1902	Purpose of Disbursement George W. Bush, PRESIDENT OF U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 05/22/00	Amount of Each Disbursement This Period 4,000.00
C. Full Name, Mailing Address and ZIP Code Bush for President Legal and Compliance Committee Austin, TX 78701	Purpose of Disbursement George Bush, PRESIDENT OF U.S. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Legal And Compliance	Date (month, day, year) 05/22/00	Amount of Each Disbursement This Period 1,000.00
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)

12,500.00

TOTAL This Period (last page this line number only)

12,500.00

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.

Hand Delivered Date of Receipt

6-20-00

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other (Specify): Postmarked
and/or Date of Receipt

Electronic Filing

JMW
PREPARER

6-21-00
DATE PREPARED