

**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	OF
	<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		

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 Corporation Federal Political Action Committee

A. **Boehner for Speaker**

Full Name (Last, First, Middle Initial)

Mailing Address: **320 First Street SE**

City: **Washington** State: **DC** Zip Code: **20003**

Purpose of Disbursement: **Political Contribution**

Candidate Name: **John Boehner**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **OH** District: **8**

Date of Disbursement: **05' 17' 2013**

Amount of Each Disbursement this Period: **1,000.00**

B. **Randy Hultgren For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address: **104 Hume Avenue**

City: **Alexandria** State: **VA** Zip Code: **22301**

Purpose of Disbursement: **Political Contribution**

Candidate Name: **Randy Hultgren**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IL** District: **14**

Date of Disbursement: **05' 17' 2013**

Amount of Each Disbursement this Period: **1,000.00**

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State District

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....	2,000.00
TOTAL This Period (last page this line number only).....	2,000.00

14031192471