

# 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  
 Check if different than previously reported. (ACC)  
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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2008 through 06 30 2008

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 Marek Dudek  
Signature of Treasurer Electronically Filed by Marek Dudek Date 07 15 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		52825.53
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	51964.53									
(c) Total Receipts (from Line 19) .....	31265.00	31904.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	83229.53	84729.53								
7. Total Disbursements (from Line 31) .....	8600.00	10100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	74629.53	74629.53								
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	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	21100.00	21100.00
(i) Itemized (use Schedule A) .....	10165.00	10165.00
(ii) Unitemized .....	31265.00	31265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31265.00	31265.00
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	639.00
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)) .....	31265.00	31904.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31265.00	31904.00

**DETAILED SUMMARY PAGE**

of Disbursements

<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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4250.00	5250.00
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.....	4350.00	4850.00
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))..	8600.00	10100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8600.00	10100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	31265.00	31265.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31265.00	31265.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 19  
(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)  
Frederick Adams

Mailing Address 3450 Bloomfield Club Dr.

City State Zip Code  
Bloomfield MI 48301

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

Name of Employer Northern Trust Bk FSB Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11AI.6103

Amount of Each Receipt this Period  
250.00

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

Mailing Address 13 Bowen Road

City State Zip Code  
Hong Kong ZZ

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  
MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11AI.6102

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Perry E Brown

Mailing Address 231 Bloomfield Drive

City State Zip Code  
West Palm Beach FL 33405

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  
MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** SA11AI.6091

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 7 / 19
	<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) Philip Delaney		Date of Receipt	
	Mailing Address 1411 Kimlira Lane		M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6095
	Sarasota	FL	34231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
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>B.</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 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6099
	Miami	FL	33129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
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 ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel F Findley		Date of Receipt	
	Mailing Address 1914 Academy Place		M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6127
	Wilmington	DE	19806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		600.00	
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 ▼ 600.00		

<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: PAGE 8 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

**A.**

Full Name (Last, First, Middle Initial)  
Harriet J Fivecoat

Mailing Address 12645 Mason Forest Dr.

City State Zip Code  
St. Louis MO 63141

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  
MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11AI.6104

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
John Hoffman

Mailing Address 108 Wilshire Drive

City State Zip Code  
Cranford NJ 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2008

**Transaction ID:** SA11AI.6293

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Darrell Barnett Jackson

Mailing Address 23W334 Pelham Ct.

City State Zip Code  
Naperville IL 60540

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  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID:** SA11AI.6101

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 9 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) Douglas M Klein	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 312 Thornridge Ct. NW	<b>Transaction ID:</b> SA11AI.6107
	City State Zip Code Grand Rapids MI 49504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) James Daniel Leckinger	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 994 Chadwick Ct.	<b>Transaction ID:</b> SA11AI.6096
	City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	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>C.</b>	Full Name (Last, First, Middle Initial) Connie L Lindsey	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 1521a S. Indiana Ave.	<b>Transaction ID:</b> SA11AI.6093
	City State Zip Code Chicago IL 60605	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 500.00

<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 10 / 19  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<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

**A.**

Full Name (Last, First, Middle Initial)  
Ms Therese M McGuire

Mailing Address 2650 N Lakeview #3002

City Chicago State IL Zip Code 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 ▼ 250.00

Date of Receipt: 04 / 30 / 2008

Transaction ID: SA11AI.6098

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
William L Morrison

Mailing Address 315 Solano Prada

City Coral Gables State FL Zip Code 33156

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: 04 / 10 / 2008

Transaction ID: SA11AI.6083

Amount of Each Receipt this Period: 500.00

**C.**

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: 04 / 16 / 2008

Transaction ID: SA11AI.6088

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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 11 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) Ms Helen H Nugent		Date of Receipt	
	Mailing Address 2936 Dick Wilson Dr		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6097
	Sarasota	FL	34240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		400.00	
Name of Employer Northern Trust Bank, FL		Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) William Osborn		Date of Receipt	
	Mailing Address 120 De Windt Rd		M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6109
	Winnetka	IL	60093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		5000.00	
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 ▼		
		5000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen N Potter		Date of Receipt	
	Mailing Address 240 Cumberland Ave		M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6106
	Kenilworth	FL	60043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6400.00
<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 12 / 19  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) James M Rauh		Date of Receipt MM / DD / YYYY 06 / 27 / 2008
Mailing Address 21 E. Huron St. #1402		Transaction ID: SA11AI.6111
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Kenneth W Reeves, III		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 1747 E. Northern #236		Transaction ID: SA11AI.6085
City Phoenix	State AZ	Zip Code 85020
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Ms Iris Sanguinetti		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 369 NE 97 St		Transaction ID: SA11AI.6089
City Miami	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Northern Trust Bank of Florida	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) .....	▶	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 13 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

**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  
MM / DD / YYYY  
06 / 15 / 2008

Transaction ID: SA11AI.6117

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Joyce M St.Claire

Mailing Address 723 Clinton Place

City State Zip Code  
River Forest IL 60305

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  
MM / DD / YYYY  
04 / 16 / 2008

Transaction ID: SA11AI.6087

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Jane Williams Thompson

Mailing Address 74 Cherbourg Ct.

City State Zip Code  
Wheeling IL 60090

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2008

Transaction ID: SA11AI.6147

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00

**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 / 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<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) Frederick H Waddell		Date of Receipt
	Mailing Address 1111 Ashland Ave		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6090
	C		Amount of Each Receipt this Period
Name of Employer Northern Trust		Occupation Banker	<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="21100.00"/>

**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) DAN SEALS FOR CONGRESS	Transaction ID: SB23.6301 Date of Disbursement
	Mailing Address P.O. Box 584	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Wilmette State IL Zip Code 60091	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

B.	Full Name (Last, First, Middle Initial) JUDY BIGGERT FOR CONGRESS	Transaction ID: SB23.6308 Date of Disbursement
	Mailing Address P.O. Box 637	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2300.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

C.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS	Transaction ID: SB23.6305 Date of Disbursement
	Mailing Address P.O. Box 8	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 16 / 19

<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)  
Schakowsky for Congress

Transaction ID: SB23.6309

Date of Disbursement

Mailing Address P.O. Box 5130

<sup>M</sup> 0	<sup>M</sup> 4	/	<sup>D</sup> 2	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code  
Evanston IL 60204

Amount of Each Disbursement this Period

450.00
--------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

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

450.00
--------

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

4250.00
---------



# 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)

PAGE 17 / 19

<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) CITIZENS FOR DAVID E. MILLER  Mailing Address 1350 East Sibley Blvd  City Dolton State IL Zip Code 60419  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 29  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6316 Date of Disbursement 04 / 21 / 2008  Amount of Each Disbursement this Period 750.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens for Lisa Madigan  Mailing Address 500 N. Dearborn St Suite 1150  City Chicago State IL Zip Code 60610  Purpose of Disbursement Contribution Candidate Name Lisa Madigan  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6335 Date of Disbursement 04 / 15 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Citizens to Elect Deborah Sims  Mailing Address  City State Zip Code  Purpose of Disbursement Candidate Name Deborah Sims  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6332 Date of Disbursement 05 / 15 / 2008  Amount of Each Disbursement this Period 250.00  011 Category/ Type

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

2000.00

**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)

<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) Friends of Anita Alvarez	Transaction ID: SB29.6324 Date of Disbursement
	Mailing Address PO Box 5350	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City River Forest State IL Zip Code 60305	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Anita Alvarez	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Don Harmon	Transaction ID: SB29.6320 Date of Disbursement
	Mailing Address 1243 Woodbine Avenue Suite 102	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Oak Park State IL Zip Code 60302	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	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) Friends of John Fritchey	Transaction ID: SB29.6325 Date of Disbursement
	Mailing Address 1341 W. Fullerton Ave. Suite 288	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60614	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name John Fritchey	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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) FRIENDS OF JULIE HAMOS			Transaction ID: SB29.6313	
	Mailing Address PO Box 5308			Date of Disbursement 06 / 10 / 2008	
	City Evanston	State IL	Zip Code 60204	Amount of Each Disbursement this Period 500.00	
	Purpose of Disbursement Contribution		Candidate Name	011 Category/ Type	
	Candidate Name				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State: IL	District: 18			
B.	Full Name (Last, First, Middle Initial) Taxpayers for Pat Quinn			Transaction ID: SB29.6327	
	Mailing Address 676 N. LaSalle Suite 326			Date of Disbursement 06 / 10 / 2008	
	City Chicago	State IL	Zip Code 60610	Amount of Each Disbursement this Period 100.00	
	Purpose of Disbursement Contribution		Candidate Name Pat Quinn	011 Category/ Type	
	Candidate Name				
	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: IL	District:			

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

600.00

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

4350.00