

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 07 01 2008 through 09 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 10 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

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	74629.53									
(c) Total Receipts (from Line 19)	19535.00	51439.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94164.53	104264.53								
7. Total Disbursements (from Line 31)	14530.00	24630.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79634.53	79634.53								
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									

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

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	13235.00	34335.00
(i) Itemized (use Schedule A)	6300.00	16465.00
(ii) Unitemized	19535.00	50800.00
(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)	19535.00	50800.00
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))	19535.00	51439.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19535.00	51439.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	30.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	30.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	5750.00
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.....	14000.00	18850.00
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))..	14530.00	24630.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14530.00	24630.00

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	19535.00	50800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19535.00	50800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(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

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)
Mr. Brayton Alley

Mailing Address 1351 W Altgeld
1F

City State Zip Code
Chicago IL 60614

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
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI.6350

Amount of Each Receipt this Period
300.00

Payroll

B.

Full Name (Last, First, Middle Initial)
Jeremy Matthew Baskin

Mailing Address 835 Ash St.

City State Zip Code
Winnetka IL 60093

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

Name of Employer Northern Trust Occupation Banker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI.6371

Amount of Each Receipt this Period
150.00

Payroll

C.

Full Name (Last, First, Middle Initial)
Jeffery Robert Blust

Mailing Address 552 Phillippa

City State Zip Code
Hinsdale IL 60521

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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI.6365

Amount of Each Receipt this Period
240.00

Payroll

SUBTOTAL of Receipts This Page (optional)

690.00

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 7 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard C Campbell
Mailing Address 517 N. Dover Ave
City La Graneg Park State IL Zip Code 60525
FEC ID number of contributing federal political committee. **C**
Name of Employer Northern Trust Investments, NA Occupation Banker
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 15 / 2008
Transaction ID: SA11AI.6372
Amount of Each Receipt this Period 150.00
Payroll

B. Full Name (Last, First, Middle Initial)
Daniel Carroll
Mailing Address 1515 Northshore Drive
City Missouri City State TX Zip Code 77459
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 09 / 15 / 2008
Transaction ID: SA11AI.6352
Amount of Each Receipt this Period 300.00
Payroll

C. Full Name (Last, First, Middle Initial)
Karen Elizabeth Dahl
Mailing Address 820 Beverly Place
City Deerfield State IL Zip Code 60015
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 09 / 15 / 2008
Transaction ID: SA11AI.6363
Amount of Each Receipt this Period 300.00
Payroll

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
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 8 / 25
	<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) Kelly K. Dibble		Date of Receipt
	Mailing Address 4731 S. Drexel Blvd.		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60615
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6361
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="240.00"/>
		<input type="text" value="400.00"/>	Payroll

B.	Full Name (Last, First, Middle Initial) William Robert Dodds, JR		Date of Receipt
	Mailing Address 537 Monroe Ave		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Glencoe	IL	60022
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6360
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="240.00"/>
		<input type="text" value="400.00"/>	Payroll

C.	Full Name (Last, First, Middle Initial) Daniel F Findley		Date of Receipt
	Mailing Address 1914 Academy Place		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmington	DE	19806
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6341
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="900.00"/>
		<input type="text" value="1500.00"/>	Payroll

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1380.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Theodore Walton Flint		Date of Receipt
	Mailing Address 930 N. Kenilworth Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Oak Park	IL	60302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6354
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 500.00	Payroll

B.	Full Name (Last, First, Middle Initial) Brian David Hirschey		Date of Receipt
	Mailing Address 1133 N. Dearborn #2906		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2008
	City	State	Zip Code
	Chicago	IL	60610
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6338
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
		<input type="text"/> 350.00	Check

C.	Full Name (Last, First, Middle Initial) Bruce C Janovsky		Date of Receipt
	Mailing Address 774 Inverness Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Aurora	IL	60504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6347
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 500.00	Payroll

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary L Konsler

Mailing Address 888 Brickell Key Drive
#3007

City Miami State FL Zip Code 33131

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

Name of Employer Northern Trust Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6358

Amount of Each Receipt this Period 240.00

Payroll

B. Full Name (Last, First, Middle Initial)
Rose M Kopec

Mailing Address 6107 N. Ottawa

City Chicago State IL Zip Code 60631

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
M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6373

Amount of Each Receipt this Period 150.00

Payroll

C. Full Name (Last, First, Middle Initial)
Donald A Kress

Mailing Address 6445 SW 133 Drive

City Miami 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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6366

Amount of Each Receipt this Period 240.00

Payroll

SUBTOTAL of Receipts This Page (optional) ▶ 630.00

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 / 25
	<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) Barbara I Lane		Date of Receipt	
	Mailing Address 4953 Bacopa Ln. #404A		M M / D D / Y Y Y Y 09 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6367
	St. Petersburg	FL	33715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C			180.00
Name of Employer Northern Trust		Occupation Banker		Payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

B.	Full Name (Last, First, Middle Initial) Bruce Fredric Letten		Date of Receipt	
	Mailing Address 924 Oxford Road		M M / D D / Y Y Y Y 09 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6349
	Deerfield	IL	60015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C			300.00
Name of Employer Northern Trust		Occupation Banker		Payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) Stephen A Lynch, III		Date of Receipt	
	Mailing Address 1020 Cotorro Ave		M M / D D / Y Y Y Y 09 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6345
	Coral Gables	FL	33146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C			300.00
Name of Employer Northern Trust		Occupation Banker		Payroll
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)	▶	780.00
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 12 / 25
	<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

A. Full Name (Last, First, Middle Initial)
R Hugh Magill

Mailing Address 720 Willow Rd.

City State Zip Code
Winnetka IL 60093

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

Name of Employer Northern Trust Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI.6351

Amount of Each Receipt this Period
300.00

Payroll

B. Full Name (Last, First, Middle Initial)
William T Marks

Mailing Address 2207 Charleston

City State Zip Code
Heston FL 33326

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
M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI.6346

Amount of Each Receipt this Period
300.00

Payroll

C. Full Name (Last, First, Middle Initial)
Philip L Maughan

Mailing Address 1404 Calcutta Lane

City State Zip Code
Naperville IL 60563

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

Name of Employer Northern Trust Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI.6356

Amount of Each Receipt this Period
240.00

Payroll

SUBTOTAL of Receipts This Page (optional) ▶ **840.00**

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 13 / 25
<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) Richard E Miller		Date of Receipt
	Mailing Address 803 Greewood Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Wilmington	DE	19807
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6369
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
			Payroll

B.	Full Name (Last, First, Middle Initial) Sally Parnell Miller		Date of Receipt
	Mailing Address 3511 Ellwinn Lane SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Cedar Rapids	IA	52403
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6362
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
			Payroll

C.	Full Name (Last, First, Middle Initial) Charles Everett Needham		Date of Receipt
	Mailing Address 328 14th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6364
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
			Payroll

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 630.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 14 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Paul S Nelson		Date of Receipt
	Mailing Address 463 87th St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Burr Ridge	IL	60527
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6353
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Payroll

B.	Full Name (Last, First, Middle Initial) Thomas Oliveri		Date of Receipt
	Mailing Address 5170 Regency Isles Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Cooper City	FL	33330
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6374
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
			Payroll

C.	Full Name (Last, First, Middle Initial) Andrew Paciocco		Date of Receipt
	Mailing Address 6129 Paseo La Vista		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Woodland Hills	CA	91367
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6357
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
			Payroll

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 780.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 15 / 25
	<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) William Brett Rees		Date of Receipt
	Mailing Address 1708 Cherokee Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Sarasota	FL	34239
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6343
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 500.00	Payroll

B.	Full Name (Last, First, Middle Initial) Douglas P Regan		Date of Receipt
	Mailing Address 340 East Randolph		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6348
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 500.00	Payroll

C.	Full Name (Last, First, Middle Initial) Jaclene Robinson_lvy		Date of Receipt
	Mailing Address 123 Washington Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Oak Park	IL	60302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6370
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 250.00	Payroll

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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		Date of Receipt
	Mailing Address 803 Armour Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Lake Bluff	IL	60044
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Northern Trust		Occupation Banker	Transaction ID: SA11AI.6339
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 1500.00
		<input type="text"/> 2500.00	Payroll

B.	Full Name (Last, First, Middle Initial) Lee S Selander		Date of Receipt
	Mailing Address 1703 Chepstow CRT.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Naperville	IL	60540
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Northern Trust		Occupation Banker	Transaction ID: SA11AI.6355
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 240.00
		<input type="text"/> 400.00	Payroll

C.	Full Name (Last, First, Middle Initial) Neil David Snider		Date of Receipt
	Mailing Address 1514 Kenilworth St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Sarasota	FL	34231
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Northern Trust		Occupation Banker	Transaction ID: SA11AI.6368
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 250.00	Payroll

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1890.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 17 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Eric Strickland		Date of Receipt
	Mailing Address 836 W. 15th Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Chicago	IL	60608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6344
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Payroll

B.	Full Name (Last, First, Middle Initial) Jane Williams Thompson		Date of Receipt
	Mailing Address 74 Cherbourg Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Wheeling	IL	60090
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6340
Name of Employer Northern Trust		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1125.00
			Payroll

C.	Full Name (Last, First, Middle Initial) R Kelly Welsh		Date of Receipt
	Mailing Address 2119 N Clifton		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Chicago	IL	60614
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6342
Name of Employer The Northern Trust Co.		Occupation Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1500.00
			Payroll

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2925.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 25
	(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) Sheldon W Woldt		Date of Receipt
	Mailing Address 540 N. Lake Shore Drive 507		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2008
	City	State	Zip Code
	Chicago	IL	60611
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer Northern Trust Company	Occupation Banker	Transaction ID: SA11AI.6359
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text"/> 240.00	
		Payroll <input type="text"/> Aggregate Year-to-Date ▼ <input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 240.00
TOTAL This Period (last page this line number only)	<input type="text"/> 13235.00

**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 19 / 25

<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)
Davis for Congress

Transaction ID: SB23.6465

Date of Disbursement

Mailing Address P.O. Box 2842

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

City State Zip Code
Washington DC 20013

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Danny Davis

Office Sought: House
 Senate
 President
State: IL District: 07

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00

**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 20 / 25

<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) Bill Foster for Congress	Transaction ID: SB29.6490 Date of Disbursement
	Mailing Address P.O. Box 703	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name William Foster	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR DAVID E. MILLER	Transaction ID: SB29.6469 Date of Disbursement
	Mailing Address 1350 East Sibley Blvd	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Dolton State IL Zip Code 60419	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="300.00"/>
	Candidate Name David MILLER	<input type="text" value="011"/> Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Frank Watson	Transaction ID: SB29.6475 Date of Disbursement
	Mailing Address 133 S. Fourth St. Suite 300	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Springfield State IL Zip Code 62701	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Frank Watson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 51	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2800.00"/>
TOTAL 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) Citizens for John Cullerton	Transaction ID: SB29.6486 Date of Disbursement
	Mailing Address 4004 Old Mill Lane	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Springfield State IL Zip Code 62711	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Cullerton	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Lisa Madigan	Transaction ID: SB29.6502 Date of Disbursement
	Mailing Address 500 N. Dearborn St Suite 1150	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="-1000.00"/>
	Candidate Name Lisa Madigan	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Stephanie D. Neely	Transaction ID: SB29.6500 Date of Disbursement
	Mailing Address 4900 S. Woodlawn Ave	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60602	Amount of Each Disbursement this Period
	Purpose of Disbursement Expired Check	<input type="text" value="-500.00"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="-500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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 22 / 25

<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) Dan Kotowski for State Senate	Transaction ID: SB29.6479 Date of Disbursement
	Mailing Address P.O. Box 141	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Park Ridge State IL Zip Code 60068	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Dan Kotowski	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 33	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 Anita Alvarez	Transaction ID: SB29.6487 Date of Disbursement
	Mailing Address PO Box 5350	<input type="text" value="09"/> <input type="text" value="26"/> / <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) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Bob Fioretti	Transaction ID: SB29.6482 Date of Disbursement
	Mailing Address 222 South Riverside Plaza Suite 1550	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60606	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Robert Fioretti	<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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL 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 Clayborne	Transaction ID: SB29.6462 Date of Disbursement
	Mailing Address 133 Longmeade Drive	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City O'Fallon State IL Zip Code 62269	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name James Clayborn	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 57	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Dan Hynes	Transaction ID: SB29.6493 Date of Disbursement
	Mailing Address 1545 N. Wells	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Dan Hynes	<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) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Michael J. Madigan	Transaction ID: SB29.6496 Date of Disbursement
	Mailing Address P.O. Box 3188	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60654	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Michael Madigan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL 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 24 / 25

<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 Will Burns

Transaction ID: SB29.6474
Date of Disbursement

Mailing Address 920 E. 48th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

City Chicago State IL Zip Code 60615

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Will Burns

Office Sought: House
 Senate
 President
State: IL District: 26

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Illinois Democratic Fund

Transaction ID: SB29.6471
Date of Disbursement

Mailing Address P.O. Box 5537

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City Springfield State IL Zip Code 62705

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

200.00

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Joseph M. Lyons Campaign Committee

Transaction ID: SB29.6483
Date of Disbursement

Mailing Address 5441 W. Giddings Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

City Chicago State IL Zip Code 60630

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

500.00

Candidate Name
Joseph M. Lyons

Office Sought: House
 Senate
 President
State: IL District: 19

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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**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 25 / 25

<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) Melissa Bean for Congress		Transaction ID: SB29.6501	
	Mailing Address P.O. Box 3068		Date of Disbursement 07 / 01 / 2008	
City Barrington		State IL	Zip Code 60011	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period 1000.00	
Candidate Name Melissa Bean			011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 08				

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

14000.00