

# 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  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

ADDRESS (number and street) 720 E Wisconsin Ave  
 Check if different than previously reported. (ACC)  
Milwaukee WI 53202

2. **FEC IDENTIFICATION NUMBER** C00197095  
**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 09 01 2006 through 09 30 2006

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 Loretta Mlekoday

Signature of Treasurer Electronically Filed by Loretta Mlekoday Date 10 18 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		140998.06
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	117952.23									
(c) Total Receipts (from Line 19) .....	19374.31	177711.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	137326.54	318709.50								
7. Total Disbursements (from Line 31) .....	57032.26	238415.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	80294.28	80294.28								
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

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	14813.32	110272.47
(i) Itemized (use Schedule A) .....	4515.52	64483.43
(ii) Unitemized .....	19328.84	174755.90
(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) .....	19328.84	174755.90
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	45.47	455.54
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)) .....	19374.31	177711.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19374.31	177711.44

**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.....	32.26	1816.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	32.26	1816.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	234098.75
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.....	2500.00	2500.00
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))..	57032.26	238415.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	57032.26	238415.22

**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) .....	19328.84	174755.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19328.84	174755.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.26	1816.47
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32.26	1816.47

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jerome R Baier

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 876.00

Date of Receipt  
09 / 15 / 2006

**Transaction ID:** 20060925-754-23-0

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Jerome R Baier

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 876.00

Date of Receipt  
09 / 30 / 2006

**Transaction ID:** 20061010-753-16-32

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
David A Barras

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
09 / 30 / 2006

**Transaction ID:** 20061010-729-16-32

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Gary H Barsness		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 1704 E 54th Street		<b>Transaction ID:</b> 20060925-1215-23-0
City State Zip Code Davenport IA 52807-2769	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Gary H Barsness		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1704 E 54th Street		<b>Transaction ID:</b> 20061010-1213-16-35
City State Zip Code Davenport IA 52807-2769	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Bastien		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-697-23-0
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 264.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	64.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Robert Bastien		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-696-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Douglas P Bates		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-595-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Dir Fed Rel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Douglas P Bates		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-594-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Dir Fed Rel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	74.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> William H Beckley		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-570-23-0
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer NML	Occupation EVP Agencies	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1752.00	

Full Name (Last, First, Middle Initial) <b>B.</b> William H Beckley		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-569-16-32
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer NML	Occupation EVP Agencies	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1752.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John P Bender		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 285 Riverside Avenue Suite 200		<b>Transaction ID:</b> 20060925-1250-23-0
City Westport	State CT	Zip Code 06880-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John P Bender

Mailing Address 285 Riverside Avenue  
Suite 200

City State Zip Code  
Westport CT 06880-4800

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

Name of Employer NML Occupation  
General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 20061010-1248-16-35

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Robert J Berdan

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation  
VP Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: 20060925-906-23-0

Amount of Each Receipt this Period  
78.00

**C.** Full Name (Last, First, Middle Initial)  
Robert J Berdan

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation  
VP Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 20061010-904-16-32

Amount of Each Receipt this Period  
78.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	181.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Beth M Berger

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-591-16-32

Amount of Each Receipt this Period  
13.00

**B.** Full Name (Last, First, Middle Initial)  
Mark S Bishop

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-1056-23-0

Amount of Each Receipt this Period  
13.00

**C.** Full Name (Last, First, Middle Initial)  
Mark S Bishop

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-1054-16-32

Amount of Each Receipt this Period  
13.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	39.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Garrett J Bleakley		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 600 W Broadway Suite 600 One America Plaza		<b>Transaction ID:</b> 20060925-1230-23-0
City San Diego State CA Zip Code 92101-3359	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Garrett J Bleakley		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 600 W Broadway Suite 600 One America Plaza		<b>Transaction ID:</b> 20061010-1228-16-35
City San Diego State CA Zip Code 92101-3359	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) John D Blumberg		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 15 Fisher Lane		<b>Transaction ID:</b> 20060925-1264-23-0
City White Plains State NY Zip Code 10603-2222	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 2160.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 109
	<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	

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John D Blumberg

Mailing Address 15 Fisher Lane

City State Zip Code  
White Plains NY 10603-2222

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2160.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

**Transaction ID:** 20061010-1262-16-35

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy J Bohannon

Mailing Address 1400 Corporate Center Cr Suite 200

City State Zip Code  
Eagan MN 55121-1372

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2135.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

**Transaction ID:** 20060925-1232-23-0

Amount of Each Receipt this Period  
167.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy J Bohannon

Mailing Address 1400 Corporate Center Cr Suite 200

City State Zip Code  
Eagan MN 55121-1372

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2135.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

**Transaction ID:** 20061010-1230-16-35

Amount of Each Receipt this Period  
167.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>454.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David G Bostick</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1300 Summit Avenue Suite 200		<b>Transaction ID:</b> 20060925-1242-23-0	
City State Zip Code Fort Worth TX 76102-4416	Amount of Each Receipt this Period 87.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 1475.00		

Full Name (Last, First, Middle Initial) <b>B. David G Bostick</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1300 Summit Avenue Suite 200		<b>Transaction ID:</b> 20061010-1240-16-35	
City State Zip Code Fort Worth TX 76102-4416	Amount of Each Receipt this Period 87.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 1475.00		

Full Name (Last, First, Middle Initial) <b>C. Mark C Boyle</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-911-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 414.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	199.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark C Boyle

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-909-16-32

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Jennifer Brase

Mailing Address 1505 NW 47th Ter

City Kansas City State MO Zip Code 64116-4648

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-1261-23-0

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Brase

Mailing Address 1505 NW 47th Ter

City Kansas City State MO Zip Code 64116-4648

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-1259-16-35

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John M Bremer		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-552-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 152.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chief Operating Ofcr Aggregate Year-to-Date ▼ 2640.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John M Bremer		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-551-16-32	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 152.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chief Operating Ofcr Aggregate Year-to-Date ▼ 2640.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Peter W Bruce		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-752-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 133.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chief Ins Ofcr Aggregate Year-to-Date ▼ 2334.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	437.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Peter W Bruce</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-751-16-32</b>	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 133.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation Chief Ins Ofcr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2334.00		

Full Name (Last, First, Middle Initial) <b>B. John H Bullock</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 400 Interstate N Parkway Southeast Suite 200		<b>Transaction ID: 20060925-1255-23-0</b>	
City Atlanta	State GA	Zip Code 30339-5000	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) <b>C. John H Bullock</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 400 Interstate N Parkway Southeast Suite 200		<b>Transaction ID: 20061010-1253-16-35</b>	
City Atlanta	State GA	Zip Code 30339-5000	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	193.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Ben S Caputo		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-791-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 25.00	
Zip Code 53202-4703		Transaction ID: 20060925-791-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NML	Occupation Regional Director	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Amount of Each Receipt this Period 25.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ben S Caputo		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-790-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 25.00	
Zip Code 53202-4703		Transaction ID: 20061010-790-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NML	Occupation Regional Director	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Amount of Each Receipt this Period 25.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael G Carter		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1034-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 34.00	
Zip Code 53202-4703		Transaction ID: 20060925-1034-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00	
Name of Employer NML	Occupation VP Field Comp & Plg	Amount of Each Receipt this Period 34.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.00	Amount of Each Receipt this Period 34.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	84.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	84.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Michael G Carter</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-1032-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 34.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Field Comp & Plg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.00		

Full Name (Last, First, Middle Initial) <b>B. Steven T Catlett</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-617-23-0</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 36.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 648.00		

Full Name (Last, First, Middle Initial) <b>C. Steven T Catlett</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-616-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 36.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 648.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	106.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Eric P Christophersen		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-755-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 13.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Compliance/Bp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Eric P Christophersen		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-754-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 13.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Compliance/Bp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David D Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-723-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 894.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David D Clark</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-722-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 55.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 894.00		

Full Name (Last, First, Middle Initial) <b>B. Margaret M Crawford</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-766-23-0</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Dir Org Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>C. Margaret M Crawford</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-765-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Dir Org Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 109		
	<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

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Brian R Cunningham		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 6251 S Billings Way		<b>Transaction ID:</b> 20060925-1245-23-0	
City State Zip Code Centennial CO 80111-6009	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Brian R Cunningham		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 6251 S Billings Way		<b>Transaction ID:</b> 20061010-1243-16-35	
City State Zip Code Centennial CO 80111-6009	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Gloster B Current		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-566-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Pos Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 109
	<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	

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gloster B Current</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-565-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 25.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Pos		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) <b>B. Jefferson V De Angelis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-618-23-0</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 20.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. Jefferson V De Angelis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-617-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 20.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Lew D Derrickson		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address PO Box 657		<b>Transaction ID:</b> 20060925-1224-23-0	
City Indianapolis	State IN	Amount of Each Receipt this Period 100.00	
Zip Code 46206-0657			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lew D Derrickson		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address PO Box 657		<b>Transaction ID:</b> 20061010-1222-16-35	
City Indianapolis	State IN	Amount of Each Receipt this Period 100.00	
Zip Code 46206-0657			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mark G Doll		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-910-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 100.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation President Msa		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark G Doll

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation President Msa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

**Transaction ID:** 20061010-908-16-32

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
James R Effner

Mailing Address 1901 Butterfield Road Suite 450

City Downers Grove State IL Zip Code 60515-7915

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

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

**Transaction ID:** 20060925-1248-23-0

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
James R Effner

Mailing Address 1901 Butterfield Road Suite 450

City Downers Grove State IL Zip Code 60515-7915

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

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

**Transaction ID:** 20061010-1246-16-35

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Gordon Elgersma		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 2738 Railside Ct SW		<b>Transaction ID:</b> 20060925-1205-23-0	
City Byron Center	State MI	Amount of Each Receipt this Period 125.00	
Zip Code 49315-9466			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gordon Elgersma		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2738 Railside Ct SW		<b>Transaction ID:</b> 20061010-1203-16-35	
City Byron Center	State MI	Amount of Each Receipt this Period 125.00	
Zip Code 49315-9466			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Keith A Erhard		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 505 5th Avenue Suite 212 Ins Exchange Building		<b>Transaction ID:</b> 20060925-1240-23-0	
City Des Moines	State IA	Amount of Each Receipt this Period 16.66	
Zip Code 50309-2323			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	266.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Keith A Erhard</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 505 5th Avenue Suite 212 Ins Exchange Building		<b>Transaction ID: 20061010-1238-16-35</b>	
City Des Moines	State IA	Zip Code 50309-2323	Amount of Each Receipt this Period 16.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.88		

Full Name (Last, First, Middle Initial) <b>B. Charles I Ferrara</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 600 Grant Street 5100 US Steel Tower		<b>Transaction ID: 20060925-1204-23-0</b>	
City Pittsburgh	State PA	Zip Code 15219-2702	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 812.88		

Full Name (Last, First, Middle Initial) <b>C. Charles I Ferrara</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 600 Grant Street 5100 US Steel Tower		<b>Transaction ID: 20061010-1202-16-35</b>	
City Pittsburgh	State PA	Zip Code 15219-2702	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 812.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	216.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Christina H Fiasca		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-984-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 51.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp Agency Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Christina H Fiasca		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-982-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 51.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp Agency Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John E Fobes		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1425 River Park Drive Suite 100		<b>Transaction ID:</b> 20060925-1244-23-0	
City Sacramento	State CA	Zip Code 95815-4523	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	252.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. John E Fobes</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1425 River Park Drive Suite 100		<b>Transaction ID: 20061010-1242-16-35</b>	
City Sacramento      State CA      Zip Code 95815-4523	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Phillip B Franczyk</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 7030 S Yale Avenue Suite 800		<b>Transaction ID: 20060925-1260-23-0</b>	
City Tulsa      State OK      Zip Code 74136-5751	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 810.00		

Full Name (Last, First, Middle Initial) <b>C. Phillip B Franczyk</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 7030 S Yale Avenue Suite 800		<b>Transaction ID: 20061010-1258-16-35</b>	
City Tulsa      State OK      Zip Code 74136-5751	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 810.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 109		
	<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

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert T Frieling

Mailing Address 55 William Street Suite 100

City Wellesley State MA Zip Code 02481-4003

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2006

Transaction ID: 20060925-1239-23-0

Amount of Each Receipt this Period  
 60.00

**B.** Full Name (Last, First, Middle Initial)  
Robert T Frieling

Mailing Address 55 William Street Suite 100

City Wellesley State MA Zip Code 02481-4003

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

Transaction ID: 20061010-1237-16-35

Amount of Each Receipt this Period  
 60.00

**C.** Full Name (Last, First, Middle Initial)  
Robert K Gleeson, MD

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation VP & Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2006

Transaction ID: 20060925-1133-23-0

Amount of Each Receipt this Period  
 14.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert K Gleeson, MD

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation VP & Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 20061010-1131-16-32

Amount of Each Receipt this Period  
 14.00

**B.** Full Name (Last, First, Middle Initial)  
Patrick K Gores

Mailing Address PO Box 9378

City Fargo State ND Zip Code 58106-9378

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2006

**Transaction ID:** 20060925-1229-23-0

Amount of Each Receipt this Period  
 20.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick K Gores

Mailing Address PO Box 9378

City Fargo State ND Zip Code 58106-9378

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 20061010-1227-16-35

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	54.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Tom Goris

Mailing Address 731 N Jackson Street Suite 100

City State Zip Code  
Milwaukee WI 53202-4697

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: 20060925-1246-23-0

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Tom Goris

Mailing Address 731 N Jackson Street Suite 100

City State Zip Code  
Milwaukee WI 53202-4697

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 20061010-1244-16-35

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
John M Grogan

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation VP Di

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: 20060925-1078-23-0

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	285.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John M Grogan

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation VP Di

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 20061010-1076-16-32

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Jon P Gruenstern

Mailing Address PO Box 380

City State Zip Code  
Oshkosh WI 54903-0380

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** 20060925-1216-23-0

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Jon P Gruenstern

Mailing Address PO Box 380

City State Zip Code  
Oshkosh WI 54903-0380

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 20061010-1214-16-35

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas C Guay		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-691-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation VP Uw Standards	Aggregate Year-to-Date ▼ 222.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas C Guay		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-690-16-32	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation VP Uw Standards	Aggregate Year-to-Date ▼ 222.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Milton C Hall		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1201 Troy Schenectady Road Suite 120		<b>Transaction ID:</b> 20060925-1256-23-0	
City State Zip Code Latham NY 12110-1028	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	46.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Milton C Hall		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1201 Troy Schenectady Road Suite 120		<b>Transaction ID:</b> 20061010-1254-16-35	
City Latham	State NY	Zip Code 12110-1028	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gary L Hames		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 12810 Walmer St		<b>Transaction ID:</b> 20060925-1217-23-0	
City Overland Park	State KS	Zip Code 66209-3611	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Gary L Hames		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 12810 Walmer St		<b>Transaction ID:</b> 20061010-1215-16-35	
City Overland Park	State KS	Zip Code 66209-3611	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Edward T Hempstead</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 7733 Forsyth Boulevard Suite 1000		<b>Transaction ID: 20060925-1203-23-0</b>	
City State Zip Code Saint Louis MO 63105-1808	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 1716.00		

Full Name (Last, First, Middle Initial) <b>B. Edward T Hempstead</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 7733 Forsyth Boulevard Suite 1000		<b>Transaction ID: 20061010-1201-16-35</b>	
City State Zip Code Saint Louis MO 63105-1808	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 1716.00		

Full Name (Last, First, Middle Initial) <b>C. Gary M Hewitt</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-977-23-0</b>	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Treas & Inv Ops Aggregate Year-to-Date ▼ 366.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	321.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 37 / 109</span> (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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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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gary M Hewitt Mailing Address 720 E Wisconsin Avenue City State Zip Code Milwaukee WI 53202-4703 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 20061010-975-16-32 Amount of Each Receipt this Period 21.00
Name of Employer NML Occupation VP Treas & Inv Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00

<b>B.</b> Full Name (Last, First, Middle Initial) Austin E Hodgkins Mailing Address 316 Main Street City State Zip Code Poughkeepsie NY 12601-3123 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 <b>Transaction ID:</b> 20060925-1209-23-0 Amount of Each Receipt this Period 20.00
Name of Employer NML Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

<b>C.</b> Full Name (Last, First, Middle Initial) Austin E Hodgkins Mailing Address 316 Main Street City State Zip Code Poughkeepsie NY 12601-3123 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 20061010-1207-16-35 Amount of Each Receipt this Period 20.00
Name of Employer NML Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	61.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	61.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Harry P Hoopis		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 5215 Old Orchard Road Suite 1200		<b>Transaction ID:</b> 20060925-1206-23-0	
City State Zip Code Skokie IL 60077-1088	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Harry P Hoopis		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 5215 Old Orchard Road Suite 1200		<b>Transaction ID:</b> 20061010-1204-16-35	
City State Zip Code Skokie IL 60077-1088	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Iodice		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 575 S Charles Street Suite 300		<b>Transaction ID:</b> 20060925-1243-23-0	
City State Zip Code Baltimore MD 21201-2428	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 1800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Scott Iodice</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 575 S Charles Street Suite 300		<b>Transaction ID: 20061010-1241-16-35</b>
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Nicholas E Jahnke</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-1008-23-0</b>
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director-Field Production	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 876.00	

Full Name (Last, First, Middle Initial) <b>C. Nicholas E Jahnke</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-1006-16-32</b>
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director-Field Production	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 876.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gregory G Johnson

Mailing Address 611 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4695

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

Name of Employer NML Occupation Interim VP Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** 20060925-1145-23-0

Amount of Each Receipt this Period  
14.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory G Johnson

Mailing Address 611 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4695

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

Name of Employer NML Occupation Interim VP Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 20061010-1143-16-32

Amount of Each Receipt this Period  
14.00

**C.** Full Name (Last, First, Middle Initial)  
Adam S Kaufman

Mailing Address 4 Heidi Lane

City State Zip Code  
Mount Sinai NY 11766-1427

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** 20060925-1235-23-0

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>103.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Adam S Kaufman</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 4 Heidi Lane		<b>Transaction ID:</b> 20061010-1233-16-35
City Mount Sinai	State NY	Zip Code 11766-1427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>B. Donald E Kelley</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 202 Montrose West Avenue Suite 300		<b>Transaction ID:</b> 20060925-1208-23-0
City Akron	State OH	Zip Code 44321-2923
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name (Last, First, Middle Initial) <b>C. Donald E Kelley</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 202 Montrose West Avenue Suite 300		<b>Transaction ID:</b> 20061010-1206-16-35
City Akron	State OH	Zip Code 44321-2923
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	111.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John C Kelly

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation VP & Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 594.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-661-23-0

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
John C Kelly

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation VP & Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 594.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-660-16-32

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
Robert H Kerrigan

Mailing Address 888 W 6th Street Suite 200

City Los Angeles State CA Zip Code 90017-2728

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-1263-23-0

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 170.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert H Kerrigan

Mailing Address 888 W 6th Street Suite 200

City State Zip Code  
Los Angeles CA 90017-2728

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 20061010-1261-16-35

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Pamela A Knox

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation District Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: 20060925-1104-23-0

Amount of Each Receipt this Period  
16.00

**C.** Full Name (Last, First, Middle Initial)  
Pamela A Knox

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation District Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 20061010-1102-16-32

Amount of Each Receipt this Period  
16.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	132.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> William S Koch		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 245 Riverside Avenue Suite 100		<b>Transaction ID:</b> 20060925-1234-23-0	
City State Zip Code Jacksonville FL 32202-4930	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>B.</b> William S Koch		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 245 Riverside Avenue Suite 100		<b>Transaction ID:</b> 20061010-1232-16-35	
City State Zip Code Jacksonville FL 32202-4930	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C.</b> William C Koenig		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-624-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 58.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Svp & Chief Actuary Aggregate Year-to-Date ▼ 1020.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	158.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> William C Koenig		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-623-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 58.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp & Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John L Kordsmeier		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1107-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP-Nb		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John L Kordsmeier		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1105-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP-Nb		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Carol L Kracht		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1035-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 15.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Dep Gc & Inv Cns		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carol L Kracht		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1033-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 15.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Dep Gc & Inv Cns		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Amin H Ladak		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 60 S Market Street Suite 600		<b>Transaction ID:</b> 20060925-1258-23-0	
City San Jose	State CA	Amount of Each Receipt this Period 37.50	
Zip Code 95113-2342			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Amin H Ladak</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 60 S Market Street Suite 600		<b>Transaction ID: 20061010-1256-16-35</b>	
City State Zip Code San Jose CA 95113-2342	Amount of Each Receipt this Period 37.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Agent Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) <b>B. Sally Jo Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-610-23-0</b>	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Asst Gc & Asst Sec Aggregate Year-to-Date ▼ 222.00		

Full Name (Last, First, Middle Initial) <b>C. Sally Jo Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-609-16-32</b>	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Asst Gc & Asst Sec Aggregate Year-to-Date ▼ 222.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	63.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

A. Full Name (Last, First, Middle Initial) Robert D Lowrey		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address PO Box 89710		Transaction ID: 20060925-1233-23-0	
City Sioux Falls	State SD	Amount of Each Receipt this Period 50.00	
Zip Code 57109-9710			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

B. Full Name (Last, First, Middle Initial) Robert D Lowrey		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address PO Box 89710		Transaction ID: 20061010-1231-16-35	
City Sioux Falls	State SD	Amount of Each Receipt this Period 50.00	
Zip Code 57109-9710			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

C. Full Name (Last, First, Middle Initial) Susan A Lueger		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		Transaction ID: 20060925-651-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 37.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	137.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Susan A Lueger</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-650-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 37.00	
Zip Code 53202-4703		Transaction ID: 20061010-650-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.00	
Name of Employer NML	Occupation VP HR	Amount of Each Receipt this Period 37.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.00	Amount of Each Receipt this Period 37.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey J Lueken</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-968-23-0</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 65.00	
Zip Code 53202-4703		Transaction ID: 20060925-968-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00	
Name of Employer NML	Occupation VP Securities	Amount of Each Receipt this Period 65.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	Amount of Each Receipt this Period 65.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey J Lueken</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-966-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 65.00	
Zip Code 53202-4703		Transaction ID: 20061010-966-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00	
Name of Employer NML	Occupation VP Securities	Amount of Each Receipt this Period 65.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	Amount of Each Receipt this Period 65.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	167.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	167.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Jean M Maier		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-568-23-0
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Occupation Svp Ins Ops	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Jean M Maier		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-567-16-32
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Occupation Svp Ins Ops	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Raymond J Manista		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-604-23-0
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 13.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML Occupation VP Corp Plng	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 51 / 109</span> (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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Raymond J Manista</p> <p>Mailing Address 720 E Wisconsin Avenue</p> <p>City State Zip Code Milwaukee WI 53202-4703</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NML Occupation VP Corp Plng</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">234.00</span></p>	<p>Date of Receipt MM / DD / YYYY 09 / 30 / 2006</p> <p><b>Transaction ID:</b> 20061010-603-16-32</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">13.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) James V Marker</p> <p>Mailing Address 7812 McEwen Rd. Suite A</p> <p>City State Zip Code Dayton OH 45459-4069</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NML Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">306.00</span></p>	<p>Date of Receipt MM / DD / YYYY 09 / 15 / 2006</p> <p><b>Transaction ID:</b> 20060925-1226-23-0</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">17.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) James V Marker</p> <p>Mailing Address 7812 McEwen Rd. Suite A</p> <p>City State Zip Code Dayton OH 45459-4069</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NML Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">306.00</span></p>	<p>Date of Receipt MM / DD / YYYY 09 / 30 / 2006</p> <p><b>Transaction ID:</b> 20061010-1224-16-35</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">17.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">47.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Michael N Matone		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 275 Promenade Street Suite 300		<b>Transaction ID:</b> 20060925-1218-23-0	
City Providence	State RI	Zip Code 02908-5755	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Michael N Matone		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 275 Promenade Street Suite 300		<b>Transaction ID:</b> 20061010-1216-16-35	
City Providence	State RI	Zip Code 02908-5755	Amount of Each Receipt this Period 12.50
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Meridee J Maynard		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-889-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 58.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 984.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	83.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 109
	<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	

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Meridee J Maynard</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-887-16-32</b>	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 58.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 984.00		

Full Name (Last, First, Middle Initial) <b>B. David C Mc Avoy</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1 Beacon Street Suite 19		<b>Transaction ID: 20060925-1223-23-0</b>	
City Boston	State MA	Zip Code 02108-3107	Amount of Each Receipt this Period 66.66
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1199.88		

Full Name (Last, First, Middle Initial) <b>C. David C Mc Avoy</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1 Beacon Street Suite 19		<b>Transaction ID: 20061010-1221-16-35</b>	
City Boston	State MA	Zip Code 02108-3107	Amount of Each Receipt this Period 66.66
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1199.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	191.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Charles E Mc Intyre		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 2101 W Commercial Boulevard Suite 5100		<b>Transaction ID:</b> 20060925-1220-23-0	
City State Zip Code Fort Lauderdale FL 33309-3055	Amount of Each Receipt this Period 208.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 3708.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Charles E Mc Intyre		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2101 W Commercial Boulevard Suite 5100		<b>Transaction ID:</b> 20061010-1218-16-35	
City State Zip Code Fort Lauderdale FL 33309-3055	Amount of Each Receipt this Period 208.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 3708.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Roger M Mc Queen		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 111 E Broadway Suite 1400		<b>Transaction ID:</b> 20060925-1219-23-0	
City State Zip Code Salt Lake Cty UT 84111-5260	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Special Agent	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	516.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Roger M Mc Queen Mailing Address 111 E Broadway Suite 1400 City State Zip Code Salt Lake City UT 84111-5260 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 20061010-1217-16-35 Amount of Each Receipt this Period 100.00
Name of Employer NML Occupation Special Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Erin L McComas Mailing Address 720 E Wisconsin Avenue City State Zip Code Milwaukee WI 53202-4703 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 <b>Transaction ID:</b> 20060925-1167-23-0 Amount of Each Receipt this Period 13.00
Name of Employer NML Occupation Director-Field Asset Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Erin L McComas Mailing Address 720 E Wisconsin Avenue City State Zip Code Milwaukee WI 53202-4703 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 20061010-1165-16-32 Amount of Each Receipt this Period 13.00
Name of Employer NML Occupation Director-Field Asset Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>126.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mark J McLennon		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 611 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-648-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4695		Transaction ID: 20060925-648-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00	
Name of Employer NML	Occupation VP Inv Adv Svc	Amount of Each Receipt this Period 13.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	Amount of Each Receipt this Period 13.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mark J McLennon		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 611 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-647-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4695		Transaction ID: 20061010-647-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00	
Name of Employer NML	Occupation VP Inv Adv Svc	Amount of Each Receipt this Period 13.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	Amount of Each Receipt this Period 13.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John W McTigue		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1 N Wacker Drive Floor 46		<b>Transaction ID:</b> 20060925-1228-23-0	
City Chicago	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60606-2841		Transaction ID: 20060925-1228-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer NML	Occupation Special Agent	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	Amount of Each Receipt this Period 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	226.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	226.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John W McTigue		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 1 N Wacker Drive Floor 46		<b>Transaction ID:</b> 20061010-1226-16-35
City Chicago	State IL	Zip Code 60606-2841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph F Meier		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 2682 W Fairbanks Avenue		<b>Transaction ID:</b> 20060925-1231-23-0
City Winter Park	State FL	Zip Code 32789-3385
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph F Meier		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 2682 W Fairbanks Avenue		<b>Transaction ID:</b> 20061010-1229-16-35
City Winter Park	State FL	Zip Code 32789-3385
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Richard D Mellinger		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 4100 Edison Lakes Parkway Suite 200		<b>Transaction ID:</b> 20060925-1211-23-0
City Mishawaka	State IN	Zip Code 46545-3466
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard D Mellinger		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 4100 Edison Lakes Parkway Suite 200		<b>Transaction ID:</b> 20061010-1209-16-35
City Mishawaka	State IN	Zip Code 46545-3466
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Carl W Middleton		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 720 Olive Way Suite 1900		<b>Transaction ID:</b> 20060925-1214-23-0
City Seattle	State WA	Zip Code 98101-1847
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Carl W Middleton		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 Olive Way Suite 1900		<b>Transaction ID:</b> 20061010-1212-16-35	
City Seattle	State WA	Amount of Each Receipt this Period 100.00	
Zip Code 98101-1847			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jay W Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1098-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 15.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Adv Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jay W Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1096-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 15.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Adv Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Martin A Moser		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-645-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4703		Transaction ID: 20060925-645-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00	
Name of Employer NML	Occupation Director	Amount of Each Receipt this Period 13.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	Amount of Each Receipt this Period 13.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Martin A Moser		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-644-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4703		Transaction ID: 20061010-644-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00	
Name of Employer NML	Occupation Director	Amount of Each Receipt this Period 13.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	Amount of Each Receipt this Period 13.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ronald C Nelson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-654-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 16.00	
Zip Code 53202-4703		Transaction ID: 20060925-654-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00	
Name of Employer NML	Occupation Dir Prd Dev & Strat	Amount of Each Receipt this Period 16.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	Amount of Each Receipt this Period 16.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	42.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	42.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Ronald C Nelson		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-653-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 16.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Dir Prd Dev & Strat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James J Nemeec		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 245 Park Avenue Floor 18		<b>Transaction ID:</b> 20060925-1259-23-0	
City New York	State NY	Zip Code 10167-0002	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James J Nemeec		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 245 Park Avenue Floor 18		<b>Transaction ID:</b> 20061010-1257-16-35	
City New York	State NY	Zip Code 10167-0002	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	416.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 109
	<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	

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph C Nill

Mailing Address 530 W Spring Street Suite 200

City Columbus State OH Zip Code 43215-5385

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-1227-23-0

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph C Nill

Mailing Address 530 W Spring Street Suite 200

City Columbus State OH Zip Code 43215-5385

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-1225-16-35

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
William H Norton

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-567-23-0

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 109
	(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

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William H Norton

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-566-16-32

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel J O Meara

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Rvp Field Spv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-769-16-32

Amount of Each Receipt this Period  
13.00

**C.** Full Name (Last, First, Middle Initial)  
Gregory C Oberland

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Sr VP & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-631-23-0

Amount of Each Receipt this Period  
59.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 109
	<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	

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gregory C Oberland</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-630-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 59.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Sr VP & CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey L Pawlowski</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1221 Southwest Yamhill Street Suite 400		<b>Transaction ID: 20060925-1241-23-0</b>	
City Portland	State OR	Amount of Each Receipt this Period 50.00	
Zip Code 97205-2111			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey L Pawlowski</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1221 Southwest Yamhill Street Suite 400		<b>Transaction ID: 20061010-1239-16-35</b>	
City Portland	State OR	Amount of Each Receipt this Period 50.00	
Zip Code 97205-2111			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	159.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 109
	<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	

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Harvey W Pogoriler Mailing Address 720 E Wisconsin Avenue City Milwaukee State WI Zip Code 53202-4703 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 <b>Transaction ID:</b> 20060925-1114-23-0 Amount of Each Receipt this Period 14.00
Name of Employer NML Occupation Asst Gc & Asst Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Harvey W Pogoriler Mailing Address 720 E Wisconsin Avenue City Milwaukee State WI Zip Code 53202-4703 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 20061010-1112-16-32 Amount of Each Receipt this Period 14.00
Name of Employer NML Occupation Asst Gc & Asst Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Gary A Poliner Mailing Address 720 E Wisconsin Avenue City Milwaukee State WI Zip Code 53202-4703 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 <b>Transaction ID:</b> 20060925-574-23-0 Amount of Each Receipt this Period 100.00
Name of Employer NML Occupation EVP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	128.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gary A Poliner

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation EVP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

Transaction ID: 20061010-573-16-32

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
Charles R Pruett

Mailing Address 1600 Division Street Suite 400

City Nashville State TN Zip Code 37203-2755

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2006

Transaction ID: 20060925-1252-23-0

Amount of Each Receipt this Period  
 125.00

**C.** Full Name (Last, First, Middle Initial)  
Charles R Pruett

Mailing Address 1600 Division Street Suite 400

City Nashville State TN Zip Code 37203-2755

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

Transaction ID: 20061010-1250-16-35

Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 109		
	<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

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John M Qualy		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 701 Market Street Suite 1070		<b>Transaction ID:</b> 20060925-1210-23-0	
City State Zip Code Saint Louis MO 63101-1851	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Special Agent	Aggregate Year-to-Date ▼ 3600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> John M Qualy		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 701 Market Street Suite 1070		<b>Transaction ID:</b> 20061010-1208-16-35	
City State Zip Code Saint Louis MO 63101-1851	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Special Agent	Aggregate Year-to-Date ▼ 3600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Randal W Ralph		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1112-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 15.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Director	Aggregate Year-to-Date ▼ 279.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	415.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Randal W Ralph Mailing Address 720 E Wisconsin Avenue City Milwaukee State WI Zip Code 53202-4703 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 20061010-1110-16-32 Amount of Each Receipt this Period 15.50
Name of Employer NML Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 279.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jeff D Reeter Mailing Address 1 Riverway Suite 900 City Houston State TX Zip Code 77056-1906 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006 <b>Transaction ID:</b> 20060925-1257-23-0 Amount of Each Receipt this Period 45.00
Name of Employer NML Occupation Special Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 810.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Jeff D Reeter Mailing Address 1 Riverway Suite 900 City Houston State TX Zip Code 77056-1906 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 20061010-1255-16-35 Amount of Each Receipt this Period 45.00
Name of Employer NML Occupation Special Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 810.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas R Richards		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-627-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation VP Agency Dev	Aggregate Year-to-Date ▼ 366.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas R Richards		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-626-16-32	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation VP Agency Dev	Aggregate Year-to-Date ▼ 366.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Marcia Rimai		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-673-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Svp Bus Int Svcs	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 109						
	(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

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Marcia Rimai		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-672-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 25.00	
Zip Code 53202-4703		Transaction ID: 20061010-672-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NML	Occupation Svp Bus Int Svcs	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Amount of Each Receipt this Period 25.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kathleen M Rivera		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-820-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 17.00	
Zip Code 53202-4703		Transaction ID: 20060925-820-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.00	
Name of Employer NML	Occupation VP & Deputy Gc	Amount of Each Receipt this Period 17.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00	Amount of Each Receipt this Period 17.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kathleen M Rivera		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-819-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 17.00	
Zip Code 53202-4703		Transaction ID: 20061010-819-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.00	
Name of Employer NML	Occupation VP & Deputy Gc	Amount of Each Receipt this Period 17.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00	Amount of Each Receipt this Period 17.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	59.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles D Robinson

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Svp Ips Strategy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1302.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-591-23-0

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Charles D Robinson

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Svp Ips Strategy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1302.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-590-16-32

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Bethany M Rodenhuis

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation VP Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-674-23-0

Amount of Each Receipt this Period  
12.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	162.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Bethany M Rodenhuis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-673-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 12.00	
Zip Code 53202-4703		Transaction ID: 20061010-673-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00	
Name of Employer NML	Occupation VP Audit	Amount of Each Receipt this Period 12.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	Amount of Each Receipt this Period 12.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mason G Ross		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-865-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 143.00	
Zip Code 53202-4703		Transaction ID: 20060925-865-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 143.00	
Name of Employer NML	Occupation EVP & CIO	Amount of Each Receipt this Period 143.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2310.00	Amount of Each Receipt this Period 143.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mason G Ross		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-863-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 143.00	
Zip Code 53202-4703		Transaction ID: 20061010-863-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 143.00	
Name of Employer NML	Occupation EVP & CIO	Amount of Each Receipt this Period 143.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2310.00	Amount of Each Receipt this Period 143.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	298.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	298.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 109
	<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	

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
R. P Sarnecki

Mailing Address 3805 Edwards Road Suite 200

City State Zip Code  
Cincinnati OH 45209-1939

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** 20060925-1249-23-0

Amount of Each Receipt this Period  
41.67

**B.** Full Name (Last, First, Middle Initial)  
R. P Sarnecki

Mailing Address 3805 Edwards Road Suite 200

City State Zip Code  
Cincinnati OH 45209-1939

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 20061010-1247-16-35

Amount of Each Receipt this Period  
41.67

**C.** Full Name (Last, First, Middle Initial)  
Joseph M Savino

Mailing Address 777 Alexander Road

City State Zip Code  
Princeton NJ 08540-6300

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** 20060925-1213-23-0

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>103.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Joseph M Savino</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 777 Alexander Road		<b>Transaction ID:</b> 20061010-1211-16-35
City Princeton	State NJ	Zip Code 08540-6300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas F Scheer</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-724-23-0
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation Asst Gc & Asst Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas F Scheer</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-723-16-32
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation Asst Gc & Asst Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	44.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John E Schlifске		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		Transaction ID: 20060925-821-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 107.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation EVP Ips & Affiliates		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1770.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John E Schlifске		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		Transaction ID: 20061010-820-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 107.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation EVP Ips & Affiliates		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1770.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kathleen H Schluter		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		Transaction ID: 20060925-823-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 14.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP & Tax Cnsl		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	228.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen H Schluter		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-822-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 14.00	
Zip Code 53202-4703		Transaction ID: 20061010-822-16-32	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00	
Name of Employer NML	Occupation VP & Tax Cnsl	Amount of Each Receipt this Period 14.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	Amount of Each Receipt this Period 14.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James A Schwertfeger		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1101 N Market Street Suite 100		<b>Transaction ID:</b> 20060925-1212-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 125.00	
Zip Code 53202-3148		Transaction ID: 20060925-1212-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer NML	Occupation Special Agent	Amount of Each Receipt this Period 125.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2550.00	Amount of Each Receipt this Period 125.00	

Full Name (Last, First, Middle Initial) <b>C.</b> James A Schwertfeger		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1101 N Market Street Suite 100		<b>Transaction ID:</b> 20061010-1210-16-35	
City Milwaukee	State WI	Amount of Each Receipt this Period 125.00	
Zip Code 53202-3148		Transaction ID: 20061010-1210-16-35	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer NML	Occupation Special Agent	Amount of Each Receipt this Period 125.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2550.00	Amount of Each Receipt this Period 125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	264.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	264.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 77 / 109
	<input checked="" 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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> David W Simbro		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1127-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation VP Ltc	Aggregate Year-to-Date ▼ 324.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> David W Simbro		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1125-16-32	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation VP Ltc	Aggregate Year-to-Date ▼ 324.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Brenda Skelton-Bendtsen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1142-23-0	
City State Zip Code Milwaukee WI 53202-4703	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation VP Comm	Aggregate Year-to-Date ▼ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Brenda Skelton-Bendtsen</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-1140-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 15.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Comm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B. Mark W Smith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-939-23-0</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Asst Gc & Asst Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>C. Mark W Smith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-937-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Asst Gc & Asst Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	41.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Steven E Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 111 Sutter Street Suite 1800		<b>Transaction ID:</b> 20060925-1254-23-0	
City State Zip Code San Francisco CA 94104-4545	Amount of Each Receipt this Period 37.50		
FEC ID number of contributing federal political committee. C			
Name of Employer NML Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Steven E Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 111 Sutter Street Suite 1800		<b>Transaction ID:</b> 20061010-1252-16-35	
City State Zip Code San Francisco CA 94104-4545	Amount of Each Receipt this Period 37.50		
FEC ID number of contributing federal political committee. C			
Name of Employer NML Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert L Spinks		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 15 River Bend Place Suite A		<b>Transaction ID:</b> 20060925-1222-23-0	
City State Zip Code Jackson MS 39232-9559	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NML Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Robert L Spinks		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 15 River Bend Place Suite A		<b>Transaction ID:</b> 20061010-1220-16-35	
City Jackson	State MS	Amount of Each Receipt this Period 25.00	
Zip Code 39232-9559			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.04		

Full Name (Last, First, Middle Initial) <b>B.</b> Leonard F Stecklein		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1140-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 20.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp Inv Prod Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Leonard F Stecklein		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1138-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 20.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp Inv Prod Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Jason Steigman		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-656-23-0
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.00
Name of Employer NML	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jason Steigman		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-655-16-32
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.00
Name of Employer NML	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen B Stone		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address PO Box 1008 180 River Road Floor 2		<b>Transaction ID:</b> 20060925-1236-23-0
City Summit	State NJ	Zip Code 07902-1008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	98.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 109
	<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

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen B Stone		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address PO Box 1008 180 River Road Floor 2		<b>Transaction ID:</b> 20061010-1234-16-35
City Summit State NJ Zip Code 07902-1008	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Eugene H Storms		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 100 Washington Square Suite 1200		<b>Transaction ID:</b> 20060925-1207-23-0
City Minneapolis State MN Zip Code 55401-2150	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3060.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Eugene H Storms		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 100 Washington Square Suite 1200		<b>Transaction ID:</b> 20061010-1205-16-35
City Minneapolis State MN Zip Code 55401-2150	Amount of Each Receipt this Period 170.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3060.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Richard A Strait		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1125-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 20.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard A Strait		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1123-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 20.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Steven J Stribling		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1139-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 13.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Sr Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	53.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 109						
	(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

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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Steven J Stribling</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1137-16-32
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.00
Name of Employer NML	Occupation Sr Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

Full Name (Last, First, Middle Initial) <b>B. Joe P Teague</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 2613 N Dundee St		<b>Transaction ID:</b> 20060925-1225-23-0
City Tampa	State FL	Zip Code 33629-7516
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

Full Name (Last, First, Middle Initial) <b>C. Joe P Teague</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 2613 N Dundee St		<b>Transaction ID:</b> 20061010-1223-16-35
City Tampa	State FL	Zip Code 33629-7516
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	153.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul B Tews

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Dir Inv Pln

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-966-23-0

Amount of Each Receipt this Period  
12.00

**B.** Full Name (Last, First, Middle Initial)  
Paul B Tews

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Dir Inv Pln

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: 20061010-964-16-32

Amount of Each Receipt this Period  
12.00

**C.** Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 1873 S Bellaire Street Suite 1700

City Denver State CO Zip Code 80222-4360

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
09 / 15 / 2006

Transaction ID: 20060925-1247-23-0

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	99.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Scott P Theodore		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 1873 S Bellaire Street Suite 1700		<b>Transaction ID:</b> 20061010-1245-16-35
City Denver	State CO	Zip Code 80222-4360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> J. Edward Tippetts		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 611 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1150-23-0
City Milwaukee	State WI	Zip Code 53202-4695
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NML	Occupation Pres & CEO Trust	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C.</b> J. Edward Tippetts		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 611 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1148-16-32
City Milwaukee	State WI	Zip Code 53202-4695
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NML	Occupation Pres & CEO Trust	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	155.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Chris G Trost		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-654-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 12.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation Sr Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Leo C Tucker		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 605 Potomac River Rd		<b>Transaction ID:</b> 20060925-1251-23-0	
City McLean	State VA	Zip Code 22102-1402	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Leo C Tucker		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 605 Potomac River Rd		<b>Transaction ID:</b> 20061010-1249-16-35	
City McLean	State VA	Zip Code 22102-1402	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	162.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Donald G Tyler		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 611 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1122-23-0
City Milwaukee	State WI	Zip Code 53202-4695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer NML	Occupation VP Ips Prod & Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Donald G Tyler		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 611 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1120-16-32
City Milwaukee	State WI	Zip Code 53202-4695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer NML	Occupation VP Ips Prod & Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Martha M Valerio		Date of Receipt MM / DD / YYYY 09 / 15 / 2006
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-679-23-0
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation VP Tech & Web Rsrch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Martha M Valerio		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-678-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 12.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Tech & Web Rsrch		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Patricia L Van Kampen		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-663-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 30.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Patricia L Van Kampen		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-662-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 30.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	72.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert J Waltos		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1500 Quail Street Suite 600		<b>Transaction ID:</b> 20060925-1238-23-0	
City Newport Beach	State CA	Zip Code 92660-2738	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert J Waltos		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1500 Quail Street Suite 600		<b>Transaction ID:</b> 20061010-1236-16-35	
City Newport Beach	State CA	Zip Code 92660-2738	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

<b>C.</b> Full Name (Last, First, Middle Initial) P. Andrew Ware		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-540-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	119.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> P. Andrew Ware		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-539-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 19.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Donald R Wilkinson		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-583-23-0	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Agy Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Donald R Wilkinson		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-582-16-32	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Agy Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jeffrey B Williams</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-614-16-32</b>	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 12.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Risk Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00		

Full Name (Last, First, Middle Initial) <b>B. John A Williamson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address PO Box 660347		<b>Transaction ID: 20060925-1221-23-0</b>	
City Birmingham	State AL	Zip Code 35266-0347	Amount of Each Receipt this Period 118.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2124.00		

Full Name (Last, First, Middle Initial) <b>C. John A Williamson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address PO Box 660347		<b>Transaction ID: 20061010-1219-16-35</b>	
City Birmingham	State AL	Zip Code 35266-0347	Amount of Each Receipt this Period 118.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2124.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	248.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 / 109
	(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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael L Youngman

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation VP Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2006

**Transaction ID:** 20060925-1021-23-0

Amount of Each Receipt this Period  
 56.00

**B.** Full Name (Last, First, Middle Initial)  
Michael L Youngman

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation VP Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 20061010-1019-16-32

Amount of Each Receipt this Period  
 56.00

**C.** Full Name (Last, First, Middle Initial)  
T. Scott Zach

Mailing Address PO Box 10435  
Northwestern Mutual

City Cedar Rapids State IA Zip Code 52410-0435

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2006

**Transaction ID:** 20060925-1253-23-0

Amount of Each Receipt this Period  
 37.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	149.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 109		
	<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

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. T. Scott Zach</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address PO Box 10435 Northwestern Mutual		<b>Transaction ID: 20061010-1251-16-35</b>	
City Cedar Rapids	State IA	Zip Code 52410-0435	Amount of Each Receipt this Period 37.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) <b>B. Thomas D Zale</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20060925-855-23-0</b>	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 33.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. Thomas D Zale</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-854-16-32</b>	
City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 33.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rick T Zehner		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1036-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 18.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Life Prod		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Rick T Zehner		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20061010-1034-16-32	
City Milwaukee	State WI	Amount of Each Receipt this Period 18.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Life Prod		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Edward J Zore		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID:</b> 20060925-1066-23-0	
City Milwaukee	State WI	Amount of Each Receipt this Period 208.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3744.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	244.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 109
	<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)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Edward J Zore</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 720 E Wisconsin Avenue		<b>Transaction ID: 20061010-1064-16-32</b>	
City Milwaukee	State WI	Amount of Each Receipt this Period 208.00	
Zip Code 53202-4703			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3744.00		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Zuzolo</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 29 S Main Street Suite 201		<b>Transaction ID: 20060925-1237-23-0</b>	
City West Hartford	State CT	Amount of Each Receipt this Period 41.67	
Zip Code 06107-2454			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Zuzolo</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 29 S Main Street Suite 201		<b>Transaction ID: 20061010-1235-16-35</b>	
City West Hartford	State CT	Amount of Each Receipt this Period 41.67	
Zip Code 06107-2454			
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	291.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	14813.32



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 97 / 109	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address 777 E Wisconsin Ave

City	State	Zip Code
Milwaukee	WI	53202

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.54

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	6

**Transaction ID:** 12807-61657351255417

Amount of Each Receipt this Period  
45.47

interest received

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	45.47

**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 98 / 109

<input checked="" 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 type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** US Bank

Mailing Address 777 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Bank Charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 12807-95635622739792

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

32.26

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

32.26

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

32.26

**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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bachus for Congress Committee</b>		<b>Transaction ID:</b> EDQSKCSDRK2TC5 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 59444		Amount of Each Disbursement this Period 1000.00
City Birmingham	State AL Zip Code 35259	
Purpose of Disbursement contribution		
Candidate Name Bachus Spencer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 06		

Full Name (Last, First, Middle Initial) <b>B. Back America's Conservatives PAC (BAC PAC)</b>		<b>Transaction ID:</b> EFBCPFXXCWZ1G2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 1251 Dartmouth Court		Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement contribution		
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: District:		

Full Name (Last, First, Middle Initial) <b>C. Baker for Congress Committee</b>		<b>Transaction ID:</b> EDQSKEGURK2TC6 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 1694		Amount of Each Disbursement this Period 3000.00
City Baton Rouge	State LA Zip Code 70821	
Purpose of Disbursement contribution		
Candidate Name Baker Richard		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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)

PAGE 100 / 109

<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Brad Miller for United States Congress</b>		<b>Transaction ID:</b> EFARFUAX6TZ1G5 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 10322		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Zip Code 27605		
Purpose of Disbursement contribution Candidate Name Miller Brad Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Chris Chocola for Congress Inc</b>		<b>Transaction ID:</b> EF6LAVDCJY3TC2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00
City South Bend	State IN	
Zip Code 46660		
Purpose of Disbursement contribution Candidate Name Chocola Chris Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 02		

Full Name (Last, First, Middle Initial) <b>C. Citizens for Tom Petri</b>		<b>Transaction ID:</b> EF47OCUJ0M3TC7 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 270		Amount of Each Disbursement this Period 2000.00
City Fond Du Lac	State WI	
Zip Code 54936		
Purpose of Disbursement contribution Candidate Name Petri Thomas Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 06		

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

4000.00

**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)

PAGE 101 / 109

<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EF6LA5VQEY3TC8

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EF6LA58LEY3TC6

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Earl Pomeroy for Congress**

Mailing Address PO Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement contribution

Candidate Name Pomeroy Earl

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: ND District: 01

Transaction ID: EDQSI4QBK2TC3

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

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

7000.00

**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)

PAGE 102 / 109

<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ed Royce for Congress</b>		<b>Transaction ID:</b> EF2F8THJ4F3TC6 Date of Disbursement 09 / 12 / 2006
Mailing Address PO Box 2525		Amount of Each Disbursement this Period 1000.00
City Orange State CA Zip Code 92859	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Royce Edward		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Clay Shaw</b>		<b>Transaction ID:</b> EF6LACLIHY3TC8 Date of Disbursement 09 / 19 / 2006
Mailing Address PO Box 2188		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33303	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Shaw E.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of John Tanner</b>		<b>Transaction ID:</b> EFBY58XX2ZZ1G8 Date of Disbursement 09 / 27 / 2006
Mailing Address PO Box 1994		Amount of Each Disbursement this Period 2000.00
City Union City State TN Zip Code 38281	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name Tanner John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gard for Congress</b>		<b>Transaction ID:</b> EDQ73JEJXI2TC7 Date of Disbursement 09 / 05 / 2006
Mailing Address PO Box 277		Amount of Each Disbursement this Period 2000.00
City Green Bay	State WI Zip Code 54305	
Purpose of Disbursement contribution Candidate Name Gard John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hawkeye PAC, The</b>		<b>Transaction ID:</b> E1FCT3MDL25I74F Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 2500.00
City Des Moines	State IA Zip Code 50309	
Purpose of Disbursement contribution Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Heather Wilson for Congress</b>		<b>Transaction ID:</b> EF8YZRK4FKZ1G7 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque	State NM Zip Code 87191	
Purpose of Disbursement contribution Candidate Name Wilson Heather		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Johnson for Congress Committee</b>		<b>Transaction ID:</b> E17G1ZBCR90O67F Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Johnson Nancy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kind for Congress Committee</b>		<b>Transaction ID:</b> EF6LA2QG DY3TC7 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 205 S 5th Ave Suite 428		Amount of Each Disbursement this Period 1000.00
City La Crosse State WI Zip Code 54601	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Kind Ron		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Larson for Congress</b>		<b>Transaction ID:</b> EF47O84KYL3TC5 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1000.00
City Glastonbury State CT Zip Code 06033	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Larson John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Levin for Congress		<b>Transaction ID:</b> EF6L9Y42CY3TC4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6	
Mailing Address 230 North Avenue		Amount of Each Disbursement this Period 1000.00	
City Mount Clemens State MI Zip Code 48043	Purpose of Disbursement contribution Candidate Name Levin Sander Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Lot of People for Dave Obey		<b>Transaction ID:</b> EF6LAAJSGY3TC1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6	
Mailing Address 525 Washington St		Amount of Each Disbursement this Period 2000.00	
City Wausau State WI Zip Code 54402	Purpose of Disbursement contribution Candidate Name Obey David Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Lucas for Congress		<b>Transaction ID:</b> EF47ODGN0M3TC2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address PO Box 1726		Amount of Each Disbursement this Period 1000.00	
City Oklahoma City State OK Zip Code 73101	Purpose of Disbursement contribution Candidate Name Lucas Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

4000.00

**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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. McConnell Senate Committee '08</b>		<b>Transaction ID:</b> EF6LA9GBGY3TC5 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 5000.00
City Louisville State KY Zip Code 40201		
Purpose of Disbursement contribution Candidate Name McConnell Mitch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Moore for Congress</b>		<b>Transaction ID:</b> EF6L9FP0AY3TC2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 16646		Amount of Each Disbursement this Period 1500.00
City Milwaukee State WI Zip Code 53216		
Purpose of Disbursement contribution Candidate Name Moore Gwendolynne Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pryce for Congress</b>		<b>Transaction ID:</b> EF47OBR60M3TC8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement contribution Candidate Name Pryce Deborah Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Rangel for Congress</b>		<b>Transaction ID:</b> EF4708ZBZL3TC3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10027	Purpose of Disbursement contribution Candidate Name Rangel Charles Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ryan for Congress</b>		<b>Transaction ID:</b> EF6LA4QBey3TC8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	Purpose of Disbursement contribution Candidate Name Ryan Paul Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tammy Baldwin for Congress</b>		<b>Transaction ID:</b> EF6LA0SWCY3TC4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 696		Amount of Each Disbursement this Period 2000.00
City Madison State WI Zip Code 53701	Purpose of Disbursement contribution Candidate Name Baldwin Tammy Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Team Sununu</b>		<b>Transaction ID:</b> EF4715L0FM3TC7 Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 500		Amount of Each Disbursement this Period 2000.00	
City Rye State NH Zip Code 03870	Purpose of Disbursement contribution Candidate Name Sununu John Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Team Sununu</b>		<b>Transaction ID:</b> EF4715PCFM3TCF Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 500		Amount of Each Disbursement this Period 5000.00	
City Rye State NH Zip Code 03870	Purpose of Disbursement contribution Candidate Name Sununu John Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

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

7000.00

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

54500.00

**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)

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<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)

The Northwestern Mutual Life Insurance Company Federal Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Chief Justice Nabers for Supreme Court

Mailing Address PO Box 550310

City Birmingham State AL Zip Code 35255

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EFARG4DR9TZ1G4

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

2500.00