

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Northwestern Mutual Life Insurance Company Federal PAC

ADDRESS (number and street)

720 E Wisconsin Ave

Check if different than previously reported. (ACC)

Milwaukee

WI

53202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
05 / 01 / 2020

through

MM / DD / YYYY
05 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hinze, Michelle, A.,

Type or Print Name of Treasurer

Signature of Treasurer

Hinze, Michelle, A.,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 11 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="438085.42"/>	<input type="text" value="438085.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="416877.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33205.50"/>	<input type="text" value="167295.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="450083.47"/>	<input type="text" value="605380.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10237.24"/>	<input type="text" value="165534.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="439846.23"/>	<input type="text" value="439846.23"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 PAC

Report Covering the Period: From: / / To: / /

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		
(i) Itemized (use Schedule A).....	28886.00	129350.16
(ii) Unitemized	4319.50	36945.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33205.50	166295.50
(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)	33205.50	166295.50
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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)).....▶	33205.50	167295.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33205.50	167295.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	237.24	1234.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	237.24	1234.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	135500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	28800.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	10237.24	165534.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10237.24	165534.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	33205.50	166295.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33205.50	166295.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	237.24	1234.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	237.24	1234.69

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

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

FOR LINE NUMBER: PAGE 6 OF 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Woodhull Ct
 City Northport State NY Zip Code 11768-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-63
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Woodhull Ct
 City Northport State NY Zip Code 11768-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-63
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6025 Princeton Reach Way
 City Granite Bay State CA Zip Code 95746-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-45
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC

A. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6025 Princeton Reach Way
 City Granite Bay State CA Zip Code 95746-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-45
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 821 W Daphne Rd
 City Glendale State WI Zip Code 53217-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 670.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 2020051519494-621
 Amount of Each Receipt this Period 67.00
 Memo Item

C. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 821 W Daphne Rd
 City Glendale State WI Zip Code 53217-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 670.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-618
 Amount of Each Receipt this Period 67.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	259.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 97
	<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 PAC

A. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8700 W Bennington Ct
 City Mequon State WI Zip Code 53097-3440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-502
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 202005151995-19
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-19
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	147.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 97
<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 PAC

A. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Broad St
 Apt 1238
 City Stamford State CT Zip Code 06901-2067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-40
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Broad St
 Apt 1238
 City Stamford State CT Zip Code 06901-2067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-40
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bentley, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 E Glendale Ave
 City Whitefish Bay State WI Zip Code 53211-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Public Investments
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-673
 Amount of Each Receipt this Period 48.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	214.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 97
	<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 PAC

A. Bentley, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 E Glendale Ave
 City Whitefish Bay State WI Zip Code 53211-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-667
 Amount of Each Receipt this Period 48.00
 Memo Item

B. Black, Dwaan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3520 Dumbarton Rd NW
 City Atlanta State GA Zip Code 30327-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-14
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Black, Dwaan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3520 Dumbarton Rd NW
 City Atlanta State GA Zip Code 30327-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-14
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	132.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 97
<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 PAC

A. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10260 N RANGE LINE C
 City MEQUON State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-612
 Amount of Each Receipt this Period 107.00
 Memo Item

B. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10260 N RANGE LINE C
 City MEQUON State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-601
 Amount of Each Receipt this Period 107.00
 Memo Item

C. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-485
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 97
	<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 PAC

A. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-474
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Senna Trl
 City San Antonio State TX Zip Code 78256-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 2020051519494-469
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Senna Trl
 City San Antonio State TX Zip Code 78256-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-455
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 97
	<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 PAC

A. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 E Edgewood Ave
 City Shorewood State WI Zip Code 53211-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-603
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 E Edgewood Ave
 City Shorewood State WI Zip Code 53211-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-606
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 La Casa Via
 City Walnut Creek State CA Zip Code 94598-4842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-12
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	256.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 97
	<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 PAC

A. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 La Casa Via
 City Walnut Creek State CA Zip Code 94598-4842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2080.00**

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-12
 Amount of Each Receipt this Period **208.00**
 Memo Item

B. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 W Rawson Ave
 City Franklin State WI Zip Code 53132-8113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 15 / 2020**
Transaction ID : 2020051519494-548
 Amount of Each Receipt this Period **75.00**
 Memo Item

C. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 W Rawson Ave
 City Franklin State WI Zip Code 53132-8113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-513
 Amount of Each Receipt this Period **75.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	358.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 97
<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 PAC

A. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7322 N Mohawk Rd
 City Fox Point State WI Zip Code 53217-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-459
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7322 N Mohawk Rd
 City Fox Point State WI Zip Code 53217-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-468
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Evening Star Ln
 City Bozeman State MT Zip Code 59715-7738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-28
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

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

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 PAC

A. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Evening Star Ln
 City Bozeman State MT Zip Code 59715-7738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-28
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Middle Rd
 City Portsmouth State NH Zip Code 03801-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-26
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Middle Rd
 City Portsmouth State NH Zip Code 03801-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-28
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 97
	<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 PAC

A. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N25W27286 Fairmount Ct
 City Pewaukee State WI Zip Code 53072-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-389
 Amount of Each Receipt this Period
 95.00
 Memo Item

B. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N25W27286 Fairmount Ct
 City Pewaukee State WI Zip Code 53072-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-411
 Amount of Each Receipt this Period
 95.00
 Memo Item

C. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 Williamson Dr
 City Raleigh State NC Zip Code 27608-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-2
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	398.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 Williamson Dr
 City Raleigh State NC Zip Code 27608-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-2
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Cruse, Tait, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2961 Belclaire Dr
 City Frisco State TX Zip Code 75034-5969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-18
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Cruse, Tait, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2961 Belclaire Dr
 City Frisco State TX Zip Code 75034-5969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-18
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 97
<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 PAC

A. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6251 S Billings Way
 City Centennial State CO Zip Code 80111-6009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-11
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6251 S Billings Way
 City Centennial State CO Zip Code 80111-6009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-11
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 436 35th Ave E
 City West Fargo State ND Zip Code 58078-5415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-65
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 97
	<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 PAC

A. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 436 35th Ave E
 City West Fargo State ND Zip Code 58078-5415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-65
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Dodd, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7078 E Genesee St
 City Fayetteville State NY Zip Code 13066-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-15
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dodd, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7078 E Genesee St
 City Fayetteville State NY Zip Code 13066-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-15
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 97
	<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 PAC

A. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Falcon Dr
 City Mandeville State LA Zip Code 70471-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-16
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Falcon Dr
 City Mandeville State LA Zip Code 70471-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-16
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4656 N Wilshire Rd
 City Whitefish Bay State WI Zip Code 53211-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-518
 Amount of Each Receipt this Period
 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	471.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 97
<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 PAC

A. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4656 N Wilshire Rd
 City Whitefish Bay State WI Zip Code 53211-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-547
 Amount of Each Receipt this Period
 55.00
 Memo Item

B. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19672 Stanford Hall PI
 City Ashburn State VA Zip Code 20147-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-577
 Amount of Each Receipt this Period
 36.00
 Memo Item

C. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19672 Stanford Hall PI
 City Ashburn State VA Zip Code 20147-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-586
 Amount of Each Receipt this Period
 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	127.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 PAC

A. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 Timberwood Ct
 City W Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-5
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 Timberwood Ct
 City W Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-5
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18235 Shaker Blvd
 City Shaker Hts State OH Zip Code 44120-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-4
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	292.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18235 Shaker Blvd
 City Shaker Hts State OH Zip Code 44120-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-4
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2363 N 81st St
 City Wauwatosa State WI Zip Code 53213-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-439
 Amount of Each Receipt this Period
 32.00
 Memo Item

C. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2363 N 81st St
 City Wauwatosa State WI Zip Code 53213-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-391
 Amount of Each Receipt this Period
 32.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	272.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 97
<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 PAC

A. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4740 Waterstone Ct
 City Appleton State WI Zip Code 54914-8571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-55
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4740 Waterstone Ct
 City Appleton State WI Zip Code 54914-8571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-55
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Finstad Dr
 City Libertyville State IL Zip Code 60048-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-614
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Finstad Dr
 City Libertyville State IL Zip Code 60048-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-615
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Finstad Dr
 City Libertyville State IL Zip Code 60048-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-603
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Finstad Dr
 City Libertyville State IL Zip Code 60048-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-604
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 97
<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 PAC

A. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W 5th St
 Apt 1002
 City Tulsa State OK Zip Code 74103-4270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-30
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W 5th St
 Apt 1002
 City Tulsa State OK Zip Code 74103-4270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-30
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3225 Somers Ln
 City Port Washington State WI Zip Code 53074-9503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-588
 Amount of Each Receipt this Period
 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	274.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 97
<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 PAC

A. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3225 Somers Ln
 City Port Washington State WI Zip Code 53074-9503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-580
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Homestead Rd
 City Wellesley State MA Zip Code 02482-6923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-3
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Homestead Rd
 City Wellesley State MA Zip Code 02482-6923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-3
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 97
	<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 PAC

A. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 H St NE
 City Washington State DC Zip Code 20002-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-571
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 H St NE
 City Washington State DC Zip Code 20002-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-568
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Gavin, Sheila, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5735 N Crestwood Blvd
 City Glendale State WI Zip Code 53209-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-666
 Amount of Each Receipt this Period 23.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 97
	<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 PAC

A. Gavin, Sheila, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5735 N Crestwood Blvd

City Glendale	State WI	Zip Code 53209-4309
------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922334-666

Amount of Each Receipt this Period
23.00

Memo Item

B. Gawart, Chris, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1610 N Prospect Ave

City Milwaukee	State WI	Zip Code 53202-6702
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp General Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2020

Transaction ID : 2020051519494-489

Amount of Each Receipt this Period
65.00

Memo Item

C. Gawart, Chris, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1610 N Prospect Ave

City Milwaukee	State WI	Zip Code 53202-6702
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp General Counsel
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922334-471

Amount of Each Receipt this Period
65.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 97
	<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 PAC

A. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5421 N Idlewild Ave
 City Whitefish Bay State WI Zip Code 53217-5331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-677
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5421 N Idlewild Ave
 City Whitefish Bay State WI Zip Code 53217-5331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-665
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1526 Harston Ave
 City Orlando State FL Zip Code 32814-6700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-53
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	541.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 97
<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 PAC

A. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1526 Harston Ave
 City Orlando State FL Zip Code 32814-6700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-53
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Goris, Tom, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4735 Wellington Dr
 City Long Grove State IL Zip Code 60047-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-13
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Goris, Tom, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4735 Wellington Dr
 City Long Grove State IL Zip Code 60047-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-13
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	541.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC

A. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3086 E Silver Hawk Dr
 City Holladay State UT Zip Code 84121-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-68
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3086 E Silver Hawk Dr
 City Holladay State UT Zip Code 84121-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-68
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7860 N Club Cir
 City Fox Point State WI Zip Code 53217-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-496
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 97
<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 PAC

A. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7860 N Club Cir
 City Fox Point State WI Zip Code 53217-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-491
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Twin Springs Ln
 City Saint Louis State MO Zip Code 63124-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-31
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Twin Springs Ln
 City Saint Louis State MO Zip Code 63124-1139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-31
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W73N377 Mulberry Ave
 City Cedarburg State WI Zip Code 53012-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-494
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W73N377 Mulberry Ave
 City Cedarburg State WI Zip Code 53012-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-487
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Waverly Cir
 City Phoenixville State PA Zip Code 19460-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-25
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	305.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 97
<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 PAC

A. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Waverly Cir
 City Phoenixville State PA Zip Code 19460-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-25
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Gurin, Oleg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11765 N Silver Ave
 City Mequon State WI Zip Code 53097-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Inv Perf&Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-736
 Amount of Each Receipt this Period
 23.00
 Memo Item

C. Gurin, Oleg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11765 N Silver Ave
 City Mequon State WI Zip Code 53097-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Inv Perf&Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-734
 Amount of Each Receipt this Period
 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	171.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 97
	<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 PAC

A. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N38W23333 Broken Hill Cir S
 City Pewaukee State WI Zip Code 53072-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-609
 Amount of Each Receipt this Period
 24.00
 Memo Item

B. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 S Hodges St
 City Spokane Valley State WA Zip Code 99016-5299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-27
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 S Hodges St
 City Spokane Valley State WA Zip Code 99016-5299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-27
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 97
<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 PAC

A. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N38W23333 Broken Hill Cir S
 City Pewaukee State WI Zip Code 53072-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-599
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11839 58th St N
 City Lake Elmo State MN Zip Code 55042-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 202005151995-44
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11839 58th St N
 City Lake Elmo State MN Zip Code 55042-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-44
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	108.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 97
<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 PAC

A. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 W Walling Dr
 City Creve Coeur State MO Zip Code 63141-7371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-43
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 W Walling Dr
 City Creve Coeur State MO Zip Code 63141-7371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-43
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-24
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 97
<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 PAC

A. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-24
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Ketch Rd
 City Morristown State NJ Zip Code 07960-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 202005151995-1
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Ketch Rd
 City Morristown State NJ Zip Code 07960-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-1
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 97
<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 PAC

A. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1626 Lake Shore Dr
 City Lake Geneva State WI Zip Code 53147-9706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1626 Lake Shore Dr
 City Lake Geneva State WI Zip Code 53147-9706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 Old Court Rd
 City Ruxton State MD Zip Code 21204-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-8
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 97
	<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 PAC

A. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1930 Old Court Rd
 City Ruxton State MD Zip Code 21204-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-8
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23702 Champe Ford Rd
 City Middleburg State VA Zip Code 20117-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-381
 Amount of Each Receipt this Period
 38.00
 Memo Item

C. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23702 Champe Ford Rd
 City Middleburg State VA Zip Code 20117-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-438
 Amount of Each Receipt this Period
 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	284.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 97
	<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 PAC

A. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 N Van Buren St
 City Milwaukee State WI Zip Code 53202-3859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-374
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 N Van Buren St
 City Milwaukee State WI Zip Code 53202-3859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-433
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W252N4956 Aberdeen Dr
 City Pewaukee State WI Zip Code 53072-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-642
 Amount of Each Receipt this Period 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	507.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 97
	<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 PAC

A. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W252N4956 Aberdeen Dr
 City Pewaukee State WI Zip Code 53072-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-639
 Amount of Each Receipt this Period 107.00
 Memo Item

B. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Northgate Rd
 City Colorado Spgs State CO Zip Code 80906-4332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 202005151995-61
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Northgate Rd
 City Colorado Spgs State CO Zip Code 80906-4332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-61
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 97
	<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 PAC

A. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7812 Remington Rd
 City Montgomery State OH Zip Code 45242-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-50
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7812 Remington Rd
 City Montgomery State OH Zip Code 45242-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-50
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7495 Bridlespur Ln
 City Delaware State OH Zip Code 43015-8613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-46
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 97
<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 PAC

A. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7495 Bridlespur Ln
 City Delaware State OH Zip Code 43015-8613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 420.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-46
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11696 Approach Blvd
 City Fishers State IN Zip Code 46037-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 202005151995-59
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11696 Approach Blvd
 City Fishers State IN Zip Code 46037-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-59
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 97
	<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 PAC

A. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1242 40th Ave
 City Kenosha State WI Zip Code 53144-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-431
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1242 40th Ave
 City Kenosha State WI Zip Code 53144-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-376
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Kolawole, Abimbola, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4801 N Woodburn St
 City Whitefish Bay State WI Zip Code 53217-6064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Digital Innovation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-443
 Amount of Each Receipt this Period
 43.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	213.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 97
	<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 PAC

A. Kolawole, Abimbola, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4801 N Woodburn St
 City Whitefish Bay State WI Zip Code 53217-6064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Digital Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-397
 Amount of Each Receipt this Period 43.00
 Memo Item

B. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5051 Augusta Dr
 City Middleton State WI Zip Code 53597-8813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-71
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5051 Augusta Dr
 City Middleton State WI Zip Code 53597-8813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-71
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 97
	<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 PAC

A. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-616
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-614
 Amount of Each Receipt this Period 46.00
 Memo Item

C. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 S Euclid Ave
 City Elmhurst State IL Zip Code 60126-4337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-52
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 97
	<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 PAC

A. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 S Euclid Ave
 City Elmhurst State IL Zip Code 60126-4337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-52
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 Vanderbilt Beach Rd Ste 108
 City Naples State FL Zip Code 34109-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-39
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 Vanderbilt Beach Rd Ste 108
 City Naples State FL Zip Code 34109-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-39
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 97
	<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 PAC

A. Lombardi, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7400 W State St
 City Milwaukee State WI Zip Code 53213-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Cs Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-711
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2359 N Wahl Ave
 City Milwaukee State WI Zip Code 53211-4513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 202005151995-57
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2359 N Wahl Ave
 City Milwaukee State WI Zip Code 53211-4513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-57
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	271.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 97
	<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 PAC

A. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1213 E Goodrich Ln
 City Fox Point State WI Zip Code 53217-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-502
 Amount of Each Receipt this Period
 168.00
 Memo Item

B. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1213 E Goodrich Ln
 City Fox Point State WI Zip Code 53217-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-503
 Amount of Each Receipt this Period
 168.00
 Memo Item

C. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-617
 Amount of Each Receipt this Period
 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 97
<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 PAC

A. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-611
 Amount of Each Receipt this Period
 83.00
 Memo Item

B. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13764 Knaus Rd
 City Lake Oswego State OR Zip Code 97034-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-49
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13764 Knaus Rd
 City Lake Oswego State OR Zip Code 97034-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-49
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 97
	<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 PAC

A. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 N Crossway Rd
 City Fox Point State WI Zip Code 53217-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 2020051519494-725
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 N Crossway Rd
 City Fox Point State WI Zip Code 53217-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-731
 Amount of Each Receipt this Period 208.00
 Memo Item

c. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Terry Ave N
 City Seattle State WA Zip Code 98109-5292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1510.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 2020051519494-561
 Amount of Each Receipt this Period 151.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	567.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 97
	<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 PAC

A. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Terry Ave N
 City Seattle State WA Zip Code 98109-5292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1510.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-566
 Amount of Each Receipt this Period 151.00
 Memo Item

B. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-54
 Amount of Each Receipt this Period 42.00
 Memo Item

C. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-54
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 S Berkley Ave
 City Elmhurst State IL Zip Code 60126-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-60
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 S Berkley Ave
 City Elmhurst State IL Zip Code 60126-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-60
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 Cloister Green Ln
 City Memphis State TN Zip Code 38120-2357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-7
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 97
	<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 PAC

A. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 Cloister Green Ln
 City Memphis State TN Zip Code 38120-2357
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-7
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5347 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5324
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-487
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5347 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5324
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-488
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 97
	<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 PAC

A. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Fenwick Rd
 City Winchester State MA Zip Code 01890-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-69
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Fenwick Rd
 City Winchester State MA Zip Code 01890-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-69
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Schenley Rd
 City Pittsburgh State PA Zip Code 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-23
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 97
	<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 PAC

A. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Schenley Rd
 City Pittsburgh State PA Zip Code 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-23
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 E Carlisle Ave
 City Whitefish Bay State WI Zip Code 53217-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 2020051519494-732
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 E Carlisle Ave
 City Whitefish Bay State WI Zip Code 53217-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-737
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	318.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 97
	<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 PAC

A. Molloy, Karen, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2004 N 85th St

City Wauwatosa	State WI	Zip Code 53226-2846
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Treasurer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2020

Transaction ID : 2020051519494-390

Amount of Each Receipt this Period
41.00

Memo Item

B. Molloy, Karen, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2004 N 85th St

City Wauwatosa	State WI	Zip Code 53226-2846
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Treasurer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922334-420

Amount of Each Receipt this Period
41.00

Memo Item

C. Mulroy, Timothy, Michael, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Indian Pipe

City Dove Canyon	State CA	Zip Code 92679-4206
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2020

Transaction ID : 202005151995-67

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 97
<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 PAC

A. Mulroy, Timothy, Michael, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Indian Pipe

City Dove Canyon	State CA	Zip Code 92679-4206
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922295-67

Amount of Each Receipt this Period
125.00

Memo Item

B. Newman, Jeremy, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1140 Lone Tree Rd

City Elm Grove	State WI	Zip Code 53122-2019
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Finance
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2020

Transaction ID : 2020051519494-435

Amount of Each Receipt this Period
33.00

Memo Item

C. Newman, Jeremy, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1140 Lone Tree Rd

City Elm Grove	State WI	Zip Code 53122-2019
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Finance
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922334-415

Amount of Each Receipt this Period
33.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	191.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC

A. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 W Woodmere Rd
 City Tampa State FL Zip Code 33609-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-66
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 W Woodmere Rd
 City Tampa State FL Zip Code 33609-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-66
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Fairway Rdg
 City Avon State CT Zip Code 06001-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-38
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Fairway Rdg
 City Avon State CT Zip Code 06001-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-38
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4324 Chevy Chase Dr
 City La Canada State CA Zip Code 91011-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-33
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4324 Chevy Chase Dr
 City La Canada State CA Zip Code 91011-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-33
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	458.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 97
	<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 PAC

A. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Stratford Dr
 City Greendale State WI Zip Code 53129-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-637
 Amount of Each Receipt this Period 48.00
 Memo Item

B. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Stratford Dr
 City Greendale State WI Zip Code 53129-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-638
 Amount of Each Receipt this Period 48.00
 Memo Item

C. Pruett, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8530 Saundersville Rd
 City Mount Juliet State TN Zip Code 37122-5094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-35
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	304.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 97
	<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 PAC

A. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8530 Saundersville Rd
 City Mount Juliet State TN Zip Code 37122-5094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-35
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W Ravine Ct
 City Thiensville State WI Zip Code 53092-5861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-395
 Amount of Each Receipt this Period
 108.00
 Memo Item

C. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W Ravine Ct
 City Thiensville State WI Zip Code 53092-5861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-413
 Amount of Each Receipt this Period
 108.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	424.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 97
<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 PAC

A. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Williamsburg Ln
 City Houston State TX Zip Code 77024-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-51
 Amount of Each Receipt this Period 130.00
 Memo Item

B. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Williamsburg Ln
 City Houston State TX Zip Code 77024-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-51
 Amount of Each Receipt this Period 130.00
 Memo Item

C. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2038 Rosemont Pl
 City Vestavia State AL Zip Code 35243-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-41
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	468.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 97
	<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 PAC

A. Rhoades, Adam, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2038 Rosemont PI

City Vestavia	State AL	Zip Code 35243-1767
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922295-41

Amount of Each Receipt this Period
208.00

Memo Item

B. Richardson, Peter, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Green Tree Rd

City Fox Point	State WI	Zip Code 53217-3615
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Advice Practice
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2020

Transaction ID : 2020051519494-729

Amount of Each Receipt this Period
30.00

Memo Item

C. Richardson, Peter, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Green Tree Rd

City Fox Point	State WI	Zip Code 53217-3615
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Advice Practice
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922334-727

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 97
<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 PAC

A. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Open Gate Whitaker Hill
 City Huntington State WV Zip Code 25701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-70
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Open Gate Whitaker Hill
 City Huntington State WV Zip Code 25701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-70
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 River Ridge Cv
 City Prospect State KY Zip Code 40059-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-10
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 97
	<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 PAC

A. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 River Ridge Cv
 City Prospect State KY Zip Code 40059-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-10
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8331 N Links Way
 City Fox Point State WI Zip Code 53217-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-590
 Amount of Each Receipt this Period
 79.00
 Memo Item

C. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8331 N Links Way
 City Fox Point State WI Zip Code 53217-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-590
 Amount of Each Receipt this Period
 79.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	366.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 97
	<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 PAC

A. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N99W14710 Amber Dr
 City Germantown State WI Zip Code 53022-6611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 15 / 2020
Transaction ID : 2020051519494-582
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N99W14710 Amber Dr
 City Germantown State WI Zip Code 53022-6611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 31 / 2020
Transaction ID : 2020052922334-577
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Skyfield Dr
 City Princeton State NJ Zip Code 08540-7403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 05 / 15 / 2020
Transaction ID : 202005151995-58
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 97
<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 PAC

A. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Skyfield Dr
 City Princeton State NJ Zip Code 08540-7403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-58
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Deep Valley Rd
 City New Canaan State CT Zip Code 06840-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-42
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Deep Valley Rd
 City New Canaan State CT Zip Code 06840-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-42
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	541.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 97
	<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 PAC

A. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18240 Melrose Dr
 City Bucyrus State KS Zip Code 66013-9081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-20
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18240 Melrose Dr
 City Bucyrus State KS Zip Code 66013-9081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-20
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5940 Stefanie Way
 City Caledonia State WI Zip Code 53108-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-367
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 97
	<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 PAC

A. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5940 Stefanie Way
 City Caledonia State WI Zip Code 53108-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-400
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27085 Saddlerock PI
 City Harrisburg State SD Zip Code 57032-8243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-62
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27085 Saddlerock PI
 City Harrisburg State SD Zip Code 57032-8243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-62
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	119.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 97
<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 PAC

A. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W147N9815 Emerald Ln
 City Germantown State WI Zip Code 53022-6620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-613
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W147N9815 Emerald Ln
 City Germantown State WI Zip Code 53022-6620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-619
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Schlfske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Greenway Ter
 City Elm Grove State WI Zip Code 53122-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-567
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	256.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 97
	<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 PAC

A. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Greenway Ter
 City Elm Grove State WI Zip Code 53122-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-555
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 E Fairy Chasm Rd # R
 City Bayside State WI Zip Code 53217-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-420
 Amount of Each Receipt this Period
 49.00
 Memo Item

C. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 E Fairy Chasm Rd # R
 City Bayside State WI Zip Code 53217-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-377
 Amount of Each Receipt this Period
 49.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	306.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 97
	<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 PAC

A. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4380 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-646
 Amount of Each Receipt this Period 101.00
 Memo Item

B. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4380 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-651
 Amount of Each Receipt this Period 101.00
 Memo Item

C. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 S WATERVILLE LA
 City OCONOMOWOC State WI Zip Code 53066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-399
 Amount of Each Receipt this Period 91.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 97
	<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 PAC

A. Schultz, Deborah, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1219 S WATERVILLE LA

City OCONOMOWOC	State WI	Zip Code 53066
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Financial Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922334-412

Amount of Each Receipt this Period
91.00

Memo Item

B. Seiden, Adam, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Hollow Tree Ridge Rd

City Darien	State CT	Zip Code 06820-2420
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2020

Transaction ID : 202005151995-56

Amount of Each Receipt this Period
208.00

Memo Item

C. Seiden, Adam, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Hollow Tree Ridge Rd

City Darien	State CT	Zip Code 06820-2420
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 2020052922295-56

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	507.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 97
<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 PAC

A. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Pine Needle Trl
 City Oakland Twp State MI Zip Code 48306-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-22
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Pine Needle Trl
 City Oakland Twp State MI Zip Code 48306-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-22
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 E Erie St Unit 4
 City Milwaukee State WI Zip Code 53202-6040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-566
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	501.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 E Erie St
 Unit 4
 City Milwaukee State WI Zip Code 53202-6040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-554
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 583 Rutland Ave
 City Teaneck State NJ Zip Code 07666-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-441
 Amount of Each Receipt this Period 33.00
 Memo Item

C. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 583 Rutland Ave
 City Teaneck State NJ Zip Code 07666-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-390
 Amount of Each Receipt this Period 33.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	151.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 PAC

A. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3914 White Stone Rd
 City Newtown Sq State PA Zip Code 19073-1095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-64
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3914 White Stone Rd
 City Newtown Sq State PA Zip Code 19073-1095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-64
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 E Newton Ave
 City Shorewood State WI Zip Code 53211-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-408
 Amount of Each Receipt this Period
 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	107.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 97
	<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 PAC

A. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 E Newton Ave
 City Shorewood State WI Zip Code 53211-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-449
 Amount of Each Receipt this Period 23.00
 Memo Item

B. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7768 Doug Hill Ct
 City San Diego State CA Zip Code 92127-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-36
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7768 Doug Hill Ct
 City San Diego State CA Zip Code 92127-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-36
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	107.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 97
	<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 PAC

A. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2511 N 95th St
 City Wauwatosa State WI Zip Code 53226-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-659
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2511 N 95th St
 City Wauwatosa State WI Zip Code 53226-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-655
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3433 NE 31st Ave
 City Lighthouse Point State FL Zip Code 33064-8541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-37
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC

A. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3433 NE 31st Ave
 City Lighthouse Point State FL Zip Code 33064-8541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922295-37
 Amount of Each Receipt this Period **208.00**
 Memo Item

B. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6970 W Fox Haven Ct
 City Franklin State WI Zip Code 53132-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 540.00

Date of Receipt **05 / 15 / 2020**
Transaction ID : 2020051519494-596
 Amount of Each Receipt this Period **54.00**
 Memo Item

C. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6970 W Fox Haven Ct
 City Franklin State WI Zip Code 53132-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 540.00

Date of Receipt **05 / 31 / 2020**
Transaction ID : 2020052922334-598
 Amount of Each Receipt this Period **54.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	316.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 97
<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 PAC

A. Tews, Michael, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 S 249th Cir
 City Waterloo State NE Zip Code 68069-4432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-6
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Tews, Michael, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 S 249th Cir
 City Waterloo State NE Zip Code 68069-4432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-6
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Inverness Dr S Apt 8101
 City Englewood State CO Zip Code 80112-6196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-17
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 PAC

A. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Inverness Dr S
 Apt 8101
 City Englewood State CO Zip Code 80112-6196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-17
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13525 N Laurel Ln
 City Mequon State WI Zip Code 53097-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-589
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13525 N Laurel Ln
 City Mequon State WI Zip Code 53097-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-595
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	258.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 97
	<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 PAC

A. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Shaker Bay Rd
 City Latham State NY Zip Code 12110-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-48
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Shaker Bay Rd
 City Latham State NY Zip Code 12110-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-48
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1218 E Olive St
 City Shorewood State WI Zip Code 53211-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-416
 Amount of Each Receipt this Period
 41.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	457.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 97
<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 PAC

A. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1218 E Olive St
 City Shorewood State WI Zip Code 53211-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-409
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Potomac River Rd
 City Mc Lean State VA Zip Code 22102-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-32
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Potomac River Rd
 City Mc Lean State VA Zip Code 22102-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-32
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	457.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 97
<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 PAC

A. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 849 Sabot Hill Rd
 City Manakin Sabot State VA Zip Code 23103-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-9
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 849 Sabot Hill Rd
 City Manakin Sabot State VA Zip Code 23103-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922295-9
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W66N679 Madison Ave
 City Cedarburg State WI Zip Code 53012-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp& Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-745
 Amount of Each Receipt this Period 38.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 97
	<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 PAC

A. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W66N679 Madison Ave
 City Cedarburg State WI Zip Code 53012-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-744
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4856 N Bartlett Ave
 City Whitefish Bay State WI Zip Code 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-438
 Amount of Each Receipt this Period 37.00
 Memo Item

C. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4856 N Bartlett Ave
 City Whitefish Bay State WI Zip Code 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-422
 Amount of Each Receipt this Period 37.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 97
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8645 N Dean Cir
 City River Hills State WI Zip Code 53217-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 2020051519494-644
 Amount of Each Receipt this Period 88.00
 Memo Item

B. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8645 N Dean Cir
 City River Hills State WI Zip Code 53217-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 05 / 31 / 2020
Transaction ID : 2020052922334-648
 Amount of Each Receipt this Period 88.00
 Memo Item

C. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Beretania Cir
 City Charlotte State NC Zip Code 28211-3631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 15 / 2020
Transaction ID : 202005151995-47
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 97
	<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 PAC

A. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Beretania Cir
 City Charlotte State NC Zip Code 28211-3631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-47
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Wright, John, William, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 King Rd NW
 City Atlanta State GA Zip Code 30342-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 202005151995-21
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Wright, John, William, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 King Rd NW
 City Atlanta State GA Zip Code 30342-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922295-21
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	291.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 97
	<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 PAC

A. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2818 E Menlo Blvd
 City Shorewood State WI Zip Code 53211-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-406
 Amount of Each Receipt this Period
 201.00
 Memo Item

B. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2818 E Menlo Blvd
 City Shorewood State WI Zip Code 53211-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2020
Transaction ID : 2020052922334-444
 Amount of Each Receipt this Period
 201.00
 Memo Item

C. Zehner, Rick, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 W Ravine Baye Rd
 City Bayside State WI Zip Code 53217-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2020
Transaction ID : 2020051519494-495
 Amount of Each Receipt this Period
 47.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	449.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 OF 97
(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 PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zehner, Rick, T, ,

Mailing Address **203 W Ravine Baye Rd**

City Bayside	State WI	Zip Code 53217-1334
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Research & Special Projects
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
05 / 31 / 2020

Transaction ID : 2020052922334-525

Amount of Each Receipt this Period
47.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.00
TOTAL This Period (last page this line number only).....	28886.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 PAC

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 Service Charge

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9633B9E4060
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 PAC

Full Name (Last, First, Middle Initial)

A. Ann Wagner For Congress

Mailing Address PO Box 50

City
Ballwin

State
MO

Zip Code
63022

Purpose of Disbursement
2020 General May 21, 2020 Videoconference

Category/
Type

Candidate Name
Wagner, Ann, Louise, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : C6DB32265C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Foster For Congress

Mailing Address PO Box 9104

City
Aurora

State
IL

Zip Code
60598

Purpose of Disbursement
2020 General

Category/
Type

Candidate Name

Foster, Bill, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IL District: 11

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : C5035CB613f

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Granite Values PAC

Mailing Address 105 N State St

City
Concord

State
NH

Zip Code
03301

Purpose of Disbursement
2020 Contribution May 19, 2020 Virtual Cocktail Hour Event

Category/
Type

Candidate Name

Granite Values PAC

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : CB5E3F0B01

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 PAC

A. Hoops PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement 2020 Contribution May 19, 2020 Virtual Event

Candidate Name **Hoops PAC**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) Contribution

State: District:

Date of Disbursement 05 / 26 / 2020

FEC Identification Number C00392738
Transaction ID : 008BD1275A!
Amount of Each Disbursement this Period 1500.00

Memo Item

B. Larson For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126-1172

Purpose of Disbursement 2020 General

Candidate Name **Larson, John, Barry, ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: CT District: 01

Date of Disbursement 05 / 11 / 2020

FEC Identification Number C00330142
Transaction ID : 6D414CDEA5
Amount of Each Disbursement this Period 1000.00

Memo Item

C. Stand With Sanchez

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883-3142

Purpose of Disbursement Voided 3/13/20 Disbursement

Candidate Name **Sanchez, Linda, T., ,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: CA District: 38

Date of Disbursement 05 / 15 / 2020

FEC Identification Number C00384057
Transaction ID : B445D13307!
Amount of Each Disbursement this Period - 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 PAC

Full Name (Last, First, Middle Initial)

A. Stand With Sanchez

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883-3142

Purpose of Disbursement
2020 General

011

Category/
Type

Candidate Name

Sanchez, Linda, T., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2020

FEC Identification Number

C C00384057

Transaction ID : A3F456F7DE:

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Steil For Wisconsin, Inc.

Mailing Address 1818 Milton Ave
Unit 1448

City
Janesville

State
WI

Zip Code
53545-1129

Purpose of Disbursement
2020 General May 12, 2020 Virtual Happy Hour

011

Category/
Type

Candidate Name

Steil, Bryan, G., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2020

FEC Identification Number

C C00677286

Transaction ID : 1DCAF61CA9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Daines For Montana

Mailing Address PO Box 1598

City
Helena

State
MT

Zip Code
59624-1598

Purpose of Disbursement
2020 General May 13, 2020 Video Conference

011

Category/
Type

Candidate Name

Daines, Steve, David, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2020

FEC Identification Number

C C00491357

Transaction ID : 34D8F6F565:

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

10000.00