

**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="2018"/>		<input type="text" value="358573.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="351313.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35235.46"/>	<input type="text" value="105742.38"/>
(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="386549.25"/>	<input type="text" value="464315.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66236.62"/>	<input type="text" value="144003.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="320312.63"/>	<input type="text" value="320312.63"/>
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).....	29082.34	74002.34
(ii) Unitemized	6153.12	31740.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35235.46	105742.38
(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)	35235.46	105742.38
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	0.00
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)).....▶	35235.46	105742.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35235.46	105742.38

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	236.62	703.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	236.62	703.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	131000.00
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	12300.00
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)) ..	66236.62	144003.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66236.62	144003.33

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)	35235.46	105742.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35235.46	105742.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	236.62	703.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	236.62	703.33

**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 6 OF 98
<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. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-65
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-65
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-48
 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 98
	<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. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-48
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Aslakson, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15323 SE 82nd St
 City Newcastle State WA Zip Code 98059-9223
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-56
 Amount of Each Receipt this Period
 62.50
 Memo Item

C. Aslakson, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15323 SE 82nd St
 City Newcastle State WA Zip Code 98059-9223
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-56
 Amount of Each Receipt this Period
 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 98
	<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. Barbi, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6620 N Lake Dr
 City Fox Point State WI Zip Code 53217-4245
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-461
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Barbi, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6620 N Lake Dr
 City Fox Point State WI Zip Code 53217-4245
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-461
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Barsch, Rebekah, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N46W5455 Spring Ct
 City Cedarburg State WI Zip Code 53012-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Planning & Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-686
 Amount of Each Receipt this Period
 91.00
 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 9 OF 98
<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. Barsch, Rebekah, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N46W5455 Spring Ct
 City Cedarburg State WI Zip Code 53012-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Planning & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-686
 Amount of Each Receipt this Period 91.00
 Memo Item

B. Beaulier, Blaise, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23300 Dover Line Rd
 City Waterford State WI Zip Code 53185-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Digital Ins & Fld Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-805
 Amount of Each Receipt this Period 96.00
 Memo Item

C. Beaulier, Blaise, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23300 Dover Line Rd
 City Waterford State WI Zip Code 53185-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Digital Ins & Fld Sol
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-805
 Amount of Each Receipt this Period 96.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	283.00
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 10 OF 98
<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. 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 ▼ 375.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519206-23
 Amount of Each Receipt this Period 62.50
 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 ▼ 375.00

Date of Receipt **03 / 31 / 2018**
Transaction ID : 2018033019205-23
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Bender, J, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Forest St Apt 17E
 City Stamford State CT Zip Code 06901-1881
 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 ▼ 1248.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519206-25
 Amount of Each Receipt this Period 208.00
 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 11 OF 98
<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. Bender, J, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Forest St
 Apt 17E
 City Stamford State CT Zip Code 06901-1881
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-25
 Amount of Each Receipt this Period 208.00
 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 ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-18
 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 ▼ 252.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-18
 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 12 OF 98
<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. Bleakley, Garrett, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 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
 03 / 15 / 2018
Transaction ID : 2018031519206-3
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Bleakley, Garrett, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 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
 03 / 31 / 2018
Transaction ID : 2018033019205-3
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Blevons, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Pine Ct
 City Appleton State WI Zip Code 54914-8222
 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
 03 / 15 / 2018
Transaction ID : 2018031519206-63
 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 13 OF 98
	<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. Blevons, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Pine Ct
 City Appleton State WI Zip Code 54914-8222
 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 03 / 31 / 2018
Transaction ID : 2018033019205-63
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Bohannon, Timothy, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8677 Alvarado Ct
 City Inver Grove State MN Zip Code 55077-3121
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-4
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Bohannon, Timothy, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8677 Alvarado Ct
 City Inver Grove State MN Zip Code 55077-3121
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-4
 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 14 OF 98
	<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 Distribution Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 642.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-697
 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 Distribution Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 642.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-697
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-724
 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 15 OF 98
	<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. 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-16
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-16
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Callanan, Susan, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2736 N Shepard Ave
 City Milwaukee State WI Zip Code 53211-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-909
 Amount of Each Receipt this Period
 34.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 98
	<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. 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1248.00**

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519354-809
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1248.00**

Date of Receipt **03 / 31 / 2018**
Transaction ID : 2018033019355-809
 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 **252.00**

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519206-33
 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 17 OF 98
	<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. 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-33
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-31
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-31
 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 18 OF 98
	<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 ▼ 570.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-593
 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 ▼ 570.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-593
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-1
 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 19 OF 98
	<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. 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-1
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-22
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-22
 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 20 OF 98
<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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-15
 Amount of Each Receipt this Period
 125.00
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-15
 Amount of Each Receipt this Period
 125.00
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-19
 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 98
	<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. 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 1248.00

Date of Receipt **03 / 31 / 2018**
Transaction ID : 2018033019205-19
 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 1248.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519206-20
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 1248.00

Date of Receipt **03 / 31 / 2018**
Transaction ID : 2018033019205-20
 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 22 OF 98
<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 ▼ 330.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-534
 Amount of Each Receipt this Period 55.00
 Memo Item

B. 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 ▼ 330.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-534
 Amount of Each Receipt this Period 55.00
 Memo Item

C. 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 ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-9
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	152.00
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 98
<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. 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 ▼ 252.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-9
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-8
 Amount of Each Receipt this Period 208.00
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-8
 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 24 OF 98
	<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. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 E 24th St
 City Tulsa State OK Zip Code 74114-2912
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-35
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 E 24th St
 City Tulsa State OK Zip Code 74114-2912
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-35
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Windy Hill Ln
 City Wayland State MA Zip Code 01778-2613
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-7
 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 25 OF 98
	<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. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Windy Hill Ln
 City Wayland State MA Zip Code 01778-2613
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-7
 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) Svp Distrib Perform & Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 816.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-528
 Amount of Each Receipt this Period 136.00
 Memo Item

C. 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) Svp Distrib Perform & Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 816.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-528
 Amount of Each Receipt this Period 136.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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 98
	<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. Givler, Walter, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2036 N Prospect Ave

City Milwaukee	State WI	Zip Code 53202-1260
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Solvency Policy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

Transaction ID : 2018031519354-523

Amount of Each Receipt this Period
46.00

Memo Item

B. Givler, Walter, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2036 N Prospect Ave

City Milwaukee	State WI	Zip Code 53202-1260
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Solvency Policy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : 2018033019355-523

Amount of Each Receipt this Period
46.00

Memo Item

C. Glover, Mitchell, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6700 Old Darby Trl NE

City Ada	State MI	Zip Code 49301-8360
-------------	-------------	------------------------

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 ▼
1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

Transaction ID : 2018031519206-6

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 27 OF 98
	<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
-----------------------------	-----------------------------	-----------------------------

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. Glover, Mitchell, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Old Darby Trl NE
 City Ada State MI Zip Code 49301-8360
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-6
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-57
 Amount of Each Receipt this Period
 42.00
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-57
 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 28 OF 98
<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. Gores, Patrick, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 28th Ave S
 City Fargo State ND Zip Code 58103-5045
 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 ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-2
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Gores, Patrick, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 28th Ave S
 City Fargo State ND Zip Code 58103-5045
 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 ▼ 252.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-2
 Amount of Each Receipt this Period 42.00
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-17
 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 29 OF 98
	<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. 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-17
 Amount of Each Receipt this Period 208.00
 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 ▼ 750.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-69
 Amount of Each Receipt this Period 125.00
 Memo Item

C. 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-69
 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 30 OF 98
<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 Ins Prod Client
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-862
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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 Ins Prod Client
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-862
 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 ▼ 750.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-36
 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 31 OF 98
	<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. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-36
 Amount of Each Receipt this Period
 125.00
 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 ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-546
 Amount of Each Receipt this Period
 88.00
 Memo Item

C. 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 ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-546
 Amount of Each Receipt this Period
 88.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	301.00
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 98
<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 ▼ 252.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519206-30
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt **03 / 31 / 2018**
Transaction ID : 2018033019205-30
 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 261 Moser St
 City Moscow State ID Zip Code 83843-9264
 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 ▼ 252.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519206-32
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
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 98
	<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. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Moser St
 City Moscow State ID Zip Code 83843-9264
 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 252.00

Date of Receipt
 03 / 31 / 2018
Transaction ID : 2018033019205-32
 Amount of Each Receipt this Period 42.00
 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 750.00

Date of Receipt
 03 / 15 / 2018
Transaction ID : 2018031519206-47
 Amount of Each Receipt this Period 125.00
 Memo Item

C. 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 750.00

Date of Receipt
 03 / 31 / 2018
Transaction ID : 2018033019205-47
 Amount of Each Receipt this Period 125.00
 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 34 OF 98
<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. 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-29
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-29
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11390 N Creekside Ct
 City Mequon State WI Zip Code 53092-4377
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-39
 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 35 OF 98
<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 11390 N Creekside Ct
 City Mequon State WI Zip Code 53092-4377
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-39
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-12
 Amount of Each Receipt this Period 125.00
 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-12
 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 36 OF 98
<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. 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 ▼ 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-776
 Amount of Each Receipt this Period
 37.00
 Memo Item

B. Jansky, Meg, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 N Wildwood Ave
 City Whitefish Bay State WI Zip Code 53211-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-799
 Amount of Each Receipt this Period
 45.00
 Memo Item

C. Jansky, Meg, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 N Wildwood Ave
 City Whitefish Bay State WI Zip Code 53211-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Integration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-799
 Amount of Each Receipt this Period
 45.00
 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 37 OF 98
<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. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1918 E Lafayette Pl
 City Milwaukee State WI Zip Code 53202-1395
 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 ▼ 1200.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-452
 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 1918 E Lafayette Pl
 City Milwaukee State WI Zip Code 53202-1395
 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 ▼ 1200.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-452
 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-Cntrl
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 708.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-671
 Amount of Each Receipt this Period 118.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	518.00
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 98
<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-Cntrl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 708.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-671
 Amount of Each Receipt this Period 118.00
 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 ▼ 750.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-53
 Amount of Each Receipt this Period 125.00
 Memo Item

C. 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-53
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	368.00
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 98
<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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-49
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-49
 Amount of Each Receipt this Period 42.00
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-61
 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 40 OF 98
<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. 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-61
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4645 Swilcan Bridge Ln S
 City Jacksonville State FL Zip Code 32224-5621
 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 03 / 15 / 2018
Transaction ID : 2018031519206-5
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4645 Swilcan Bridge Ln S
 City Jacksonville State FL Zip Code 32224-5621
 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 03 / 31 / 2018
Transaction ID : 2018033019205-5
 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 98
	<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. 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-72
 Amount of Each Receipt this Period 42.00
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-72
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-811
 Amount of Each Receipt this Period 46.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 98
	<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 ▼ 276.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-811
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Kramer, Ryan, J, ,
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-55
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Kramer, Ryan, J, ,
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-55
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	462.00
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 98
<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. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 Vanderbilt Beach Rd
 Unit 108-349
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-42
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 Vanderbilt Beach Rd
 Unit 108-349
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-42
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-60
 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 44 OF 98
<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. 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-60
 Amount of Each Receipt this Period 125.00
 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 ▼ 1008.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-749
 Amount of Each Receipt this Period 168.00
 Memo Item

C. 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 ▼ 1008.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-749
 Amount of Each Receipt this Period 168.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	461.00
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 98
	<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. 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 - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-619
 Amount of Each Receipt this Period 52.00
 Memo Item

B. 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 - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-619
 Amount of Each Receipt this Period 52.00
 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 ▼ 750.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-52
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	229.00
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 98
<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. 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-52
 Amount of Each Receipt this Period 125.00
 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 Chief Legal Off & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-484
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 Chief Legal Off & Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-484
 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 47 OF 98
	<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. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Colorado St # 260
 City Austin State TX Zip Code 78701-4103
 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 ▼ 708.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-573
 Amount of Each Receipt this Period 118.00
 Memo Item

B. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Colorado St # 260
 City Austin State TX Zip Code 78701-4103
 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 ▼ 708.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-573
 Amount of Each Receipt this Period 118.00
 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 ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-58
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	278.00
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 98
	<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. 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-58
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. McLennon, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2571 N 86th St
 City Wauwatosa State WI Zip Code 53226-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-511
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. McLennon, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2571 N 86th St
 City Wauwatosa State WI Zip Code 53226-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-111
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
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 98
	<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. 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 ▼ 750.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-62
 Amount of Each Receipt this Period 125.00
 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-62
 Amount of Each Receipt this Period 125.00
 Memo Item

C. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 E 4th St
 City Hinsdale State IL Zip Code 60521-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-906
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 98
	<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. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 E 4th St
 City Hinsdale State IL Zip Code 60521-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-906
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-11
 Amount of Each Receipt this Period 125.00
 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-11
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 98
<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. 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 ▼ 216.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-914
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 82 Worcester St Apt 1
 City Boston State MA Zip Code 02118-3903
 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 ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-70
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 82 Worcester St Apt 1
 City Boston State MA Zip Code 02118-3903
 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 ▼ 252.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-70
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 98
<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. Miller, Ben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11315 E Winchcomb Dr

City Scottsdale	State AZ	Zip Code 85255-1638
--------------------	-------------	------------------------

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
03	/	15	/	2018

Transaction ID : 2018031519206-46

Amount of Each Receipt this Period
125.00

Memo Item

B. Miller, Ben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11315 E Winchcomb Dr

City Scottsdale	State AZ	Zip Code 85255-1638
--------------------	-------------	------------------------

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
03	/	31	/	2018

Transaction ID : 2018033019205-46

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 ▼
1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2018

Transaction ID : 2018031519206-28

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 53 OF 98
	<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. 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-28
 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) Pres & Ceo Wealth Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-531
 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) Pres & Ceo Wealth Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-531
 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 54 OF 98
	<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 ▼ 246.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-735
 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 ▼ 246.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-735
 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 29 Lexington Way
 City Trabuco Cyn State CA Zip Code 92679-4734
 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 03 / 15 / 2018
Transaction ID : 2018031519206-68
 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 55 OF 98
<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 29 Lexington Way
 City Trabuco Cyn State CA Zip Code 92679-4734
 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
 03 / 31 / 2018
Transaction ID : 2018033019205-68
 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) Dir Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-923
 Amount of Each Receipt this Period
 34.00
 Memo Item

C. 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-67
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	367.00
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 56 OF 98
<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. 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-67
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Oberland, Gregory, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4514 N Lake Dr
 City Whitefish Bay State WI Zip Code 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-503
 Amount of Each Receipt this Period 208.00
 Memo Item

c. Oberland, Gregory, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4514 N Lake Dr
 City Whitefish Bay State WI Zip Code 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-503
 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 57 OF 98
	<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. 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-38
 Amount of Each Receipt this Period 208.00
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-38
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 Corp Strat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-475
 Amount of Each Receipt this Period 76.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	492.00
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 98
<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 Corp Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-475
 Amount of Each Receipt this Period 76.00
 Memo Item

B. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1019 Stonewall Dr
 City Nashville State TN Zip Code 37220-1022
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-40
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1019 Stonewall Dr
 City Nashville State TN Zip Code 37220-1022
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-40
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	492.00
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 98
	<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. 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 ▼ 318.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-684
 Amount of Each Receipt this Period 53.00
 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 ▼ 318.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-684
 Amount of Each Receipt this Period 53.00
 Memo Item

C. 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 ▼ 780.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-54
 Amount of Each Receipt this Period 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	236.00
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 98
<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 ▼ 780.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-54
 Amount of Each Receipt this Period 130.00
 Memo Item

B. Remstad, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2634 N Lake Dr
 City Milwaukee State WI Zip Code 53211-3837
 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 ▼ 702.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-629
 Amount of Each Receipt this Period 117.00
 Memo Item

C. Remstad, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2634 N Lake Dr
 City Milwaukee State WI Zip Code 53211-3837
 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 ▼ 702.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-629
 Amount of Each Receipt this Period 117.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	364.00
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 98
<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. 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-43
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-43
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Open Gate Whitaker Hill Rd
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-71
 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 62 OF 98
<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 Rd
 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-71
 Amount of Each Receipt this Period 125.00
 Memo Item

B. 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-14
 Amount of Each Receipt this Period 208.00
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-14
 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 63 OF 98
	<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. Rodenhuis, Bethany, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 N Lake Dr
 City Shorewood State WI Zip Code 53211-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-533
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Rodenhuis, Bethany, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 N Lake Dr
 City Shorewood State WI Zip Code 53211-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-533
 Amount of Each Receipt this Period 150.00
 Memo Item

C. 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 & Chief Risk Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-678
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
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 64 OF 98
(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. 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 & Chief Risk Officer
--	--

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
03		31		2018

Transaction ID : 2018033019355-678

Amount of Each Receipt this Period
60.00

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 ▼
1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

Transaction ID : 2018031519206-45

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 ▼
1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : 2018033019205-45

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	476.00
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 98
	<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 ▼ 600.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519206-24
 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 ▼ 600.00

Date of Receipt **03 / 31 / 2018**
Transaction ID : 2018033019205-24
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Schaefer, Timothy, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1013 E Lexington Blvd
 City Whitefish Bay State WI Zip Code 53217-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Client And Dig Exp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt **03 / 15 / 2018**
Transaction ID : 2018031519354-714
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	408.00
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 98
	<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. Schaefer, Timothy, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1013 E Lexington Blvd
 City Whitefish Bay State WI Zip Code 53217-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Client And Dig Exp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-714
 Amount of Each Receipt this Period 208.00
 Memo Item

B. 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) Dir Campus Planning&Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-873
 Amount of Each Receipt this Period 34.00
 Memo Item

C. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27085 Saddlerock Pl
 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 ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-64
 Amount of Each Receipt this Period 42.00
 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 67 OF 98
	<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. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27085 Saddlerock Pl
 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 ▼ 252.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-64
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-647
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-647
 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 68 OF 98
<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. Schmidt, Calvin, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W205 Allen Rd
 City Oconomowoc State WI Zip Code 53066-9048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Product Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-660
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Schmidt, Calvin, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W205 Allen Rd
 City Oconomowoc State WI Zip Code 53066-9048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Product Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-660
 Amount of Each Receipt this Period 105.00
 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 ▼ 276.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-454
 Amount of Each Receipt this Period 46.00
 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 69 OF 98
	<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, 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 ▼ 276.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-454
 Amount of Each Receipt this Period 46.00
 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-New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-641
 Amount of Each Receipt this Period 97.00
 Memo Item

C. 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-New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-641
 Amount of Each Receipt this Period 97.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 98
	<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. Schott, Sarah, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 N Kent Ave
 City Whitefish Bay State WI Zip Code 53217-4724
 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 ▼ 300.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-614
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Schott, Sarah, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 N Kent Ave
 City Whitefish Bay State WI Zip Code 53217-4724
 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 ▼ 300.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-614
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 S Waterville Lane
 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 ▼ 312.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-755
 Amount of Each Receipt this Period 52.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	152.00
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 98
	<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. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 S Waterville Lane
 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 ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019355-755
 Amount of Each Receipt this Period
 52.00
 Memo Item

B. Seiden, Adam, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Sunset Rd
 City Darien State CT Zip Code 06820-3527
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-59
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Seiden, Adam, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Sunset Rd
 City Darien State CT Zip Code 06820-3527
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-59
 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 72 OF 98
<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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-27
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-27
 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 Life, Annuity & Prod Sol
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519354-900
 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 73 OF 98
<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. 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 Life, Annuity & Prod Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-900
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Sperka, Steve, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address S67W17735 Copper Oaks Ct
 City Muskego State WI Zip Code 53150-7503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Rewards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-664
 Amount of Each Receipt this Period 94.00
 Memo Item

C. Sperka, Steve, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address S67W17735 Copper Oaks Ct
 City Muskego State WI Zip Code 53150-7503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Rewards
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-664
 Amount of Each Receipt this Period 94.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	273.00
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 98
	<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. 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 ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-66
 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 ▼ 252.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-66
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11050 NW 78th Pl
 City Parkland State FL Zip Code 33076-4723
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-41
 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 75 OF 98
<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. Striano, Peter, F, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11050 NW 78th Pl

City Parkland	State FL	Zip Code 33076-4723
------------------	-------------	------------------------

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 ▼
1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : 2018033019205-41

Amount of Each Receipt this Period
208.00

Memo Item

B. Stribling, Steven, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11830 W Whitaker Ave

City Greenfield	State WI	Zip Code 53228-2455
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Product Development
--	---

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
03		31		2018

Transaction ID : 2018033019355-911

Amount of Each Receipt this Period
40.00

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 & Real Estate Counsel
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
276.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

Transaction ID : 2018031519354-734

Amount of Each Receipt this Period
46.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	294.00
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 98
<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. 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 & Real Estate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-734
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Swain, Christopher, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10927 N Wyngate Trce
 City Mequon State WI Zip Code 53092-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-691
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Talajkowski, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4119 N Prospect Ave
 City Shorewood State WI Zip Code 53211-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Avp Tax And Tax Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-721
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	122.00
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 98
<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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-10
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-10
 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 12505 Ventana Mesa Cir
 City Castle Pines State CO Zip Code 80108-9148
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-21
 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 78 OF 98
	<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. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12505 Ventana Mesa Cir
 City Castle Pines State CO Zip Code 80108-9148
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-21
 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 11 Stoneridge Dr
 City Loudonville State NY Zip Code 12211-2625
 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
 03 / 15 / 2018
Transaction ID : 2018031519206-51
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Stoneridge Dr
 City Loudonville State NY Zip Code 12211-2625
 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
 03 / 31 / 2018
Transaction ID : 2018033019205-51
 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 79 OF 98
	<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. 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 ▼ 246.00

Date of Receipt
 03 / 15 / 2018
Transaction ID : 2018031519354-514
 Amount of Each Receipt this Period 41.00
 Memo Item

B. 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 ▼ 246.00

Date of Receipt
 03 / 31 / 2018
Transaction ID : 2018033019355-514
 Amount of Each Receipt this Period 41.00
 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 ▼ 750.00

Date of Receipt
 03 / 15 / 2018
Transaction ID : 2018031519206-37
 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 80 OF 98
<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. 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 ▼ 750.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-37
 Amount of Each Receipt this Period 125.00
 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-13
 Amount of Each Receipt this Period 208.00
 Memo Item

C. 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-13
 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 81 OF 98
	<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. Williams, Jeffrey, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 N 72nd St
 City Wauwatosa State WI Zip Code 53213-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Nmis-Nmwmc Chief Compl Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-491
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Williams, Jeffrey, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 N 72nd St
 City Wauwatosa State WI Zip Code 53213-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Nmis-Nmwmc Chief Compl Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-491
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 Di & Ltc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519354-676
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	164.00
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 98
	<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. 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 Di & Ltc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-676
 Amount of Each Receipt this Period 80.00
 Memo Item

B. 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 ▼ 1248.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 2018031519206-50
 Amount of Each Receipt this Period 208.00
 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 ▼ 1248.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019205-50
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	496.00
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 98
	<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. 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 ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2018
Transaction ID : 2018031519206-26
 Amount of Each Receipt this Period
 41.67
 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 ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : 2018033019205-26
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Young, Catherine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cn & Ast Sec/Re
 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
 03 / 15 / 2018
Transaction ID : 2018031519354-926
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.34
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 84 OF 98
<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. Young, Catherine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 2018033019355-926
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Zach, T Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6630 Country Creek Ln
 City Cedar Rapids State IA Zip Code 52403-7023
 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 03 / 15 / 2018
Transaction ID : 2018031519206-44
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Zach, T Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6630 Country Creek Ln
 City Cedar Rapids State IA Zip Code 52403-7023
 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 03 / 31 / 2018
Transaction ID : 2018033019205-44
 Amount of Each Receipt this Period 125.00
 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 85 OF 98
	<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. 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 ▼
1044.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

Transaction ID : 2018031519354-665

Amount of Each Receipt this Period
174.00

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 ▼
1044.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : 2018033019355-665

Amount of Each Receipt this Period
174.00

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 ▼
264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

Transaction ID : 2018031519354-812

Amount of Each Receipt this Period
44.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
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 86 OF 98
(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 ▼
264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : 2018033019355-812

Amount of Each Receipt this Period
44.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.00
TOTAL This Period (last page this line number only).....	29082.34

**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

A. US Bank

Full Name (Last, First, Middle Initial)

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Service Charge

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C

Transaction ID : E743C1B2DD

Amount of Each Disbursement this Period: 236.62

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	236.62
TOTAL This Period (last page this line number only).....▶	236.62

**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

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

Full Name (Last, First, Middle Initial)

A. Al Lawson For Congress

Mailing Address 400 North Adams St.

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement 2018 General

011
Category/
Type

Candidate Name
Lawson, Alfred, J., , Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 05

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C C00460261

Transaction ID : D110E88E03/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ben Sasse For US Senate Inc

Mailing Address 700 R St
Unit 83978

City Lincoln State NE Zip Code 68501-0349

Purpose of Disbursement 2020 Primary

011
Category/
Type

Candidate Name
Sasse, Benjamin, Eric, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: NE District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C C00547976

Transaction ID : F8ECB65B6A

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Waters

Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Waters, Maxine, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C C00167585

Transaction ID : 2D43E5F043/

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)..... ▶

**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. Democratic Party Of Wisconsin

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2018

Mailing Address 15 N. Pinckney St.
Suite 200

FEC Identification Number

C	C00019331
Transaction ID : FCC142BC8C	
Amount of Each Disbursement this Period	
5000.00	

City Madison State WI Zip Code 53703

Purpose of Disbursement
2018 Contribution

011
Category/ Type

Candidate Name

Democratic Party Of Wisconsin

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2018

Mailing Address P.O. Box 6545

FEC Identification Number

C	C00370056
Transaction ID : 42A46C3834A	
Amount of Each Disbursement this Period	
2500.00	

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
2018 Primary

011
Category/ Type

Candidate Name

Nunes, Devin, G., ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C. Donnelly For Indiana

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2018

Mailing Address 910 17Th St NW Ste 925

FEC Identification Number

C	C00393652
Transaction ID : 67F56A32AD	
Amount of Each Disbursement this Period	
2500.00	

City Washington State DC Zip Code 20006

Purpose of Disbursement
2018 Primary

011
Category/ Type

Candidate Name

Donnelly, Joseph, Simon, , Sr.

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Contribution

Memo Item

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

10000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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. Doug Jones For Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement 2018 Primary

Candidate Name Jones, Doug, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: AL District:

Date of Disbursement: 03 / 02 / 2018

FEC Identification Number: C00640623
Transaction ID : DCB3403D0E
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Emmer For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement 2018 Primary

Candidate Name Emmer, Thomas, Earl, , Jr.

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 06

Date of Disbursement: 03 / 02 / 2018

FEC Identification Number: C00545749
Transaction ID : F60C3DC456
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Enzi For US Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement 2020 Primary

Candidate Name Enzi, Michael, Bradley, ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: WY District:

Date of Disbursement: 03 / 02 / 2018

FEC Identification Number: C00317503
Transaction ID : D90B4DB8D
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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:
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<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. Freedom Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2018

Mailing Address 701 8Th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00390674
---	-----------

Transaction ID : D348797B82E

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Freedom Fund

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2018

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2018 Convention

011
Category/ Type

FEC Identification Number

C	C00492645
---	-----------

Transaction ID : 4E11DC02503

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Murphy, Christopher, Scott, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) **Convention**

State: CT District:

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrasso

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2018

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
2018 Primary

011
Category/ Type

FEC Identification Number

C	C00436386
---	-----------

Transaction ID : 1ED9827AFA

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Barrasso, John, Anthony, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: WY District:

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

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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<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. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 2022 General

Candidate Name **Toomey, Patrick, Joseph, ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement 03 / 13 / 2018

FEC Identification Number **C00461046**
Transaction ID : 46BC6B6F97

Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Giving Willingly Empowering Nationally (GWEN) PAC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement 2018 Contribution

Candidate Name **Giving Willingly Empowering Nationally (GWEN) PAC**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement 03 / 08 / 2018

FEC Identification Number **C00431478**
Transaction ID : C523E2521A9

Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement 2018 Primary

Candidate Name **Chu, Judy, May, ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 27

Date of Disbursement 03 / 02 / 2018

FEC Identification Number **C00458125**
Transaction ID : 73380CD70F

Amount of Each Disbursement this Period 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11000.00

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. Kuster For Congress, Inc

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Kuster, Ann, McLane, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NH District: 02

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2018

FEC Identification Number

C00462861

Transaction ID : 1A5292AA7F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LaHood for Congress

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
LaHood, Darin, M., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 18

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2018

FEC Identification Number

C00575050

Transaction ID : ECBBD4A3C7

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 IVy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2018 Contribution

011
Category/
Type

Candidate Name
LEGPAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼ Contribution
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C00385534

Transaction ID : 92D8A85DA1

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8000.00

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. Mark Pocan For Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Pocan, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	8

FEC Identification Number

C C00502179

Transaction ID : 2E3B4B7B11

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Pocan, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	8

FEC Identification Number

C C00502179

Transaction ID : 014003F441A

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Menendez For Senate

Mailing Address PO Box 32248

City
Newark

State
NJ

Zip Code
07102-0648

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Menendez, Robert, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	8

FEC Identification Number

C C00264564

Transaction ID : 4233882DD5

Amount of Each Disbursement this Period

500.00

Memo Item

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

5500.00

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

A. Menendez For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 32248

City Newark State NJ Zip Code 07102-0648

Purpose of Disbursement
2018 Primary

Candidate Name
Menendez, Robert, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District:

Date of Disbursement
MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number
C C00264564
Transaction ID : CB36F37014!
Amount of Each Disbursement this Period
2000.00

Memo Item

B. People For Patty Murray

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2022 Primary

Candidate Name
Murray, Patricia, Lynn, ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District:

Date of Disbursement
MM / DD / YYYY
03 / 13 / 2018

FEC Identification Number
C C00257642
Transaction ID : 6C2667CDC2!
Amount of Each Disbursement this Period
1000.00

Memo Item

C. Portman For Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
2022 Primary

Candidate Name
Portman, Rob, J., ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement
MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number
C C00458463
Transaction ID : F58B8C62CC
Amount of Each Disbursement this Period
3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

A. Republican Party Of Wisconsin

Full Name (Last, First, Middle Initial)

Mailing Address 148 E. Johnson St.

City Madison State WI Zip Code 53703

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Republican Party Of Wisconsin

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00074450

Transaction ID : D74C912A50
Amount of Each Disbursement this Period

Memo Item

B. Rothfus For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Rothfus, Keith, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 17

Date of Disbursement

/ /

FEC Identification Number

C C00497115

Transaction ID : 2EFF24202C8
Amount of Each Disbursement this Period

Memo Item

C. Rothfus For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Rothfus, Keith, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 17

Date of Disbursement

/ /

FEC Identification Number

C C00497115

Transaction ID : 9013EC3999
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**

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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. Stabenow For US Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Stabenow, Deborah, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MI

District:

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C C00344473

Transaction ID : 98E13F6BBE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Daines For Montana

Mailing Address PO Box 1598

City
Helena

State
MT

Zip Code
59624-1598

Purpose of Disbursement
2020 Primary

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
03 / 02 / 2018

FEC Identification Number

C C00491357

Transaction ID : 0C091B49DC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Sewell, Terri, Andrea, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: AL

District: 07

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C C00458976

Transaction ID : 6C11FB4977

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. Terri Sewell For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement 2018 Primary

Candidate Name Sewell, Terri, Andrea, ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 03 / 02 / 2018

FEC Identification Number: C00458976
Transaction ID : 7263F5DD7E
Amount of Each Disbursement this Period: 3000.00

Category/Type: 011

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	66000.00