

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
The Northwestern Mutual Life Insurance Company Federal PAC

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

2. **FEC IDENTIFICATION NUMBER** C00197095
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Loretta Mlekoday

Signature of Treasurer Electronically Filed by Loretta Mlekoday Date 08 14 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		210295.23
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	210295.23									
(c) Total Receipts (from Line 19)	168874.68	168874.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	379169.91	379169.91								
7. Total Disbursements (from Line 31)	236955.84	236955.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	142214.07	142214.07								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	116003.38	116003.38
(ii) Unitemized	51862.78	51862.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	167866.16	167866.16
(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)	167866.16	167866.16
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	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8.52	8.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	168874.68	168874.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	168874.68	168874.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	304.59	304.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	304.59	304.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	225151.25	225151.25
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	11500.00	11500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	236955.84	236955.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	236955.84	236955.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	167866.16	167866.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	167866.16	167866.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	304.59	304.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	304.59	304.59

**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 / 439
	<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.	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 19820 Tralee Court		Transaction ID: 20090309-1948-16-0
	City Brookfield	State WI	Zip Code 53045-2129
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.00
	Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 612.00	

B.	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 19820 Tralee Court		Transaction ID: 20090330-718-16-0
	City Brookfield	State WI	Zip Code 53045-2129
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.00
	Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 612.00	

C.	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 19820 Tralee Court		Transaction ID: 20090413-718-12-0
	City Brookfield	State WI	Zip Code 53045-2129
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.00
	Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 612.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 439
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt																					
	Mailing Address 19820 Tralee Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	5		2	0	0	9														
	City State Zip Code Brookfield WI 53045-2129		Transaction ID: 20090424-720-11-0																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer NML Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 612.00		<table border="1"> <tr> <td colspan="10">51.00</td> </tr> </table>		51.00																				
51.00																								

B.	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt																					
	Mailing Address 19820 Tralee Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		3	0		2	0	0	9														
	City State Zip Code Brookfield WI 53045-2129		Transaction ID: 20090501-720-12-0																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer NML Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 612.00		<table border="1"> <tr> <td colspan="10">51.00</td> </tr> </table>		51.00																				
51.00																								

C.	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt																					
	Mailing Address 19820 Tralee Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	5		2	0	0	9														
	City State Zip Code Brookfield WI 53045-2129		Transaction ID: 20090518-719-15-0																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer NML Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 612.00		<table border="1"> <tr> <td colspan="10">51.00</td> </tr> </table>		51.00																				
51.00																								

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 439
(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 (Last, First, Middle Initial)
Jerome R. Baier

Mailing Address 19820 Tralee Court

City State Zip Code
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-718-8-27

Amount of Each Receipt this Period
51.00

B.

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

Mailing Address 19820 Tralee Court

City State Zip Code
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-714-17-0

Amount of Each Receipt this Period
51.00

C.

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

Mailing Address 19820 Tralee Court

City State Zip Code
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-715-15-0

Amount of Each Receipt this Period
51.00

SUBTOTAL of Receipts This Page (optional) ► **153.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-699-11-0

Amount of Each Receipt this Period
30.00

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

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-699-12-0

Amount of Each Receipt this Period
30.00

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

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-698-15-0

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 439

(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 (Last, First, Middle Initial)
David A. Barras

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

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

Name of Employer NML Occupation
Managing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-697-8-27

Amount of Each Receipt this Period

30.00

B.

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

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

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

Name of Employer NML Occupation
Managing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-693-17-0

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

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

Name of Employer NML Occupation
Managing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-694-15-0

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 439
(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 (Last, First, Middle Initial) Gary H Barsness		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 1671 Deer Springs Circle		Transaction ID: 20090330-1163-16-1
City Bettendorf	State IA	Zip Code 52722-7148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Gary H Barsness	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.

Full Name (Last, First, Middle Initial) Gary H Barsness		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1671 Deer Springs Circle		Transaction ID: 20090413-1163-12-1
City Bettendorf	State IA	Zip Code 52722-7148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Gary H Barsness	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

C.

Full Name (Last, First, Middle Initial) Gary H Barsness		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 1671 Deer Springs Circle		Transaction ID: 20090424-1163-11-0
City Bettendorf	State IA	Zip Code 52722-7148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Gary H Barsness	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

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: PAGE 12 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Gary H Barsness Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: 20090501-1163-12-0
 Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Gary H Barsness Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: 20090518-1161-15-1
 Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Gary H Barsness Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 05 / 31 / 2009
Transaction ID: 20090602-1159-8-27
 Amount of Each Receipt this Period 42.00

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: PAGE 13 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City State Zip Code
Bettendorf IA 52722-7148

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

Name of Employer Gary H Barsness Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1150-17-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City State Zip Code
Bettendorf IA 52722-7148

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

Name of Employer Gary H Barsness Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1152-15-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
Burke VA 22015-2188

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

Name of Employer NML Occupation VP Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-569-12-0

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **119.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 439

(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 (Last, First, Middle Initial)
Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
Burke VA 22015-2188

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

Name of Employer NML Occupation
VP Federal Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-571-11-0

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
Burke VA 22015-2188

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

Name of Employer NML Occupation
VP Federal Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-571-12-0

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)
Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
Burke VA 22015-2188

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

Name of Employer NML Occupation
VP Federal Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: 20090518-570-15-0

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

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 15 / 439
(check only one)

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

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.

Full Name (Last, First, Middle Initial) Douglas P. Bates		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 5413 Mount Corcoran Place		Transaction ID: 20090602-569-8-27
City Burke	State VA	Zip Code 22015-2188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer NML	Occupation VP Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.

Full Name (Last, First, Middle Initial) Douglas P. Bates		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 5413 Mount Corcoran Place		Transaction ID: 20090701-566-17-0
City Burke	State VA	Zip Code 22015-2188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer NML	Occupation VP Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) Douglas P. Bates		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 5413 Mount Corcoran Place		Transaction ID: 20090710-567-15-0
City Burke	State VA	Zip Code 22015-2188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer NML	Occupation VP Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.00
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 16 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City State Zip Code
Waterford WI 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 264.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-987-8-27

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)
Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City State Zip Code
Waterford WI 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 264.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-981-17-0

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)
Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City State Zip Code
Waterford WI 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 264.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-983-15-0

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

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 17 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2009

Transaction ID: 20090330-1202-16-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-1202-12-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-1202-11-0

Amount of Each Receipt this Period
42.00

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: PAGE 18 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1202-12-0

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1200-15-1

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1198-8-27

Amount of Each Receipt this Period
42.00

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: PAGE 19 / 439
(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 (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1189-17-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Mitchell C Beer

Mailing Address 3387 Hampton Court

City State Zip Code
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1191-15-1

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 116 Belden Hill Road

City State Zip Code
Wilton CT 06897-2911

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

Name of Employer J Philip Bender Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1205-16-1

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **134.00**

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 20 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John P Bender
Mailing Address 116 Belden Hill Road
City Wilton State CT Zip Code 06897-2911
FEC ID number of contributing federal political committee. **C**
Name of Employer J Philip Bender Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Transaction ID: 20090413-1205-12-1
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
John P Bender
Mailing Address 116 Belden Hill Road
City Wilton State CT Zip Code 06897-2911
FEC ID number of contributing federal political committee. **C**
Name of Employer J Philip Bender Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Transaction ID: 20090424-1205-11-0
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
John P Bender
Mailing Address 116 Belden Hill Road
City Wilton State CT Zip Code 06897-2911
FEC ID number of contributing federal political committee. **C**
Name of Employer J Philip Bender Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Transaction ID: 20090501-1205-12-0
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00
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 21 / 439

(check only one)

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

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

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

A.

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

Mailing Address 116 Belden Hill Road

City State Zip Code
Wilton CT 06897-2911

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

Name of Employer Occupation
J Philip Bender General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: 20090518-1203-15-1

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 116 Belden Hill Road

City State Zip Code
Wilton CT 06897-2911

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

Name of Employer Occupation
J Philip Bender General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1201-8-27

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 116 Belden Hill Road

City State Zip Code
Wilton CT 06897-2911

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

Name of Employer Occupation
J Philip Bender General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1192-17-1

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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 22 / 439
(check only one)

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

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.

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

Mailing Address 116 Belden Hill Road

City State Zip Code
Wilton CT 06897-2911

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

Name of Employer Occupation
J Philip Bender General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1194-15-1

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4141 N Murray Avenue

City State Zip Code
Shorewood WI 53211-2011

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

Name of Employer Occupation
NML Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-565-15-0

Amount of Each Receipt this Period
23.00

C.

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

Mailing Address 4141 N Murray Avenue

City State Zip Code
Shorewood WI 53211-2011

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

Name of Employer Occupation
NML Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-564-8-27

Amount of Each Receipt this Period
23.00

SUBTOTAL of Receipts This Page (optional) ► **96.00**

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 / 439
	<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.	Full Name (Last, First, Middle Initial) Beth M. Berger	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 4141 N Murray Avenue	Transaction ID: 20090701-561-17-0
	City State Zip Code Shorewood WI 53211-2011	Amount of Each Receipt this Period 23.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Asst Gc & Asst Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 276.00	

B.	Full Name (Last, First, Middle Initial) Beth M. Berger	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4141 N Murray Avenue	Transaction ID: 20090710-562-15-0
	City State Zip Code Shorewood WI 53211-2011	Amount of Each Receipt this Period 23.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Asst Gc & Asst Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 276.00	

C.	Full Name (Last, First, Middle Initial) Mark S. Bishop	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 1140 Burnet Street	Transaction ID: 20090424-1014-11-0
	City State Zip Code Brookfield WI 53005-6835	Amount of Each Receipt this Period 32.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Rvp Fld Supv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 384.00	

SUBTOTAL of Receipts This Page (optional)	78.00
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 24 / 439
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Mark S. Bishop</p> <p>Mailing Address 1140 Burnet Street</p> <hr/> <p>City State Zip Code Brookfield WI 53005-6835</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Rvp Fld Supv</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 30 / 2009</p> <p>Transaction ID: 20090501-1014-12-0</p> <p>Amount of Each Receipt this Period 32.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Mark S. Bishop</p> <p>Mailing Address 1140 Burnet Street</p> <hr/> <p>City State Zip Code Brookfield WI 53005-6835</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Rvp Fld Supv</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 15 / 2009</p> <p>Transaction ID: 20090518-1013-15-0</p> <p>Amount of Each Receipt this Period 32.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Mark S. Bishop</p> <p>Mailing Address 1140 Burnet Street</p> <hr/> <p>City State Zip Code Brookfield WI 53005-6835</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Rvp Fld Supv</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 31 / 2009</p> <p>Transaction ID: 20090602-1011-8-27</p> <p>Amount of Each Receipt this Period 32.00</p>
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SUBTOTAL of Receipts This Page (optional)	96.00
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 25 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1140 Burnet Street

City State Zip Code
Brookfield WI 53005-6835

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1005-17-0

Amount of Each Receipt this Period
32.00

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

Mailing Address 1140 Burnet Street

City State Zip Code
Brookfield WI 53005-6835

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1007-15-0

Amount of Each Receipt this Period
32.00

C. Full Name (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City State Zip Code
Atlanta GA 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1198-16-1

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► 106.00

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 26 / 439
(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 (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: 20090413-1198-12-1
 Amount of Each Receipt this Period 42.00

B.

Full Name (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 20090424-1198-11-0
 Amount of Each Receipt this Period 42.00

C.

Full Name (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: 20090501-1198-12-0
 Amount of Each Receipt this Period 42.00

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: PAGE 27 / 439
(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 (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1196-15-1

Amount of Each Receipt this Period 42.00

B.

Full Name (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1194-8-27

Amount of Each Receipt this Period 42.00

C.

Full Name (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1185-17-1

Amount of Each Receipt this Period 42.00

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: PAGE 28 / 439

(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 (Last, First, Middle Initial)
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City State Zip Code
Atlanta GA 30327-2614

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

Name of Employer Occupation
NML Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-1187-15-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City State Zip Code
La Jolla CA 92037-7607

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

Name of Employer Occupation
Garrett J Bleakley General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20090518-1174-15-1

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City State Zip Code
La Jolla CA 92037-7607

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

Name of Employer Occupation
Garrett J Bleakley General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1172-8-27

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)

92.00

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 29 / 439
(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 (Last, First, Middle Initial)
Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City State Zip Code
La Jolla CA 92037-7607

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

Name of Employer Occupation
Garrett J Bleakley General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1163-17-1

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City State Zip Code
La Jolla CA 92037-7607

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

Name of Employer Occupation
Garrett J Bleakley General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1165-15-1

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Occupation
Debra Blevons Agy LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1225-16-1

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **92.00**

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 30 / 439
(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 (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Debra Blevons Agy LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1225-12-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Debra Blevons Agy LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1225-11-0

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Debra Blevons Agy LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1225-12-0

Amount of Each Receipt this Period
42.00

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: PAGE 31 / 439
(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 (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Occupation
Debra Blevons Agy LLC Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

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

Transaction ID: 20090518-1223-15-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Occupation
Debra Blevons Agy LLC Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1221-8-27

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Occupation
Debra Blevons Agy LLC Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1212-17-1

Amount of Each Receipt this Period

42.00

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: PAGE 32 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

Name of Employer Debra Blevons Agy LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1214-15-1

Amount of Each Receipt this Period 42.00

B.

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

Mailing Address 105 Sherwood Hill Road

City State Zip Code
Brewster NY 10509-4919

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1230-16-1

Amount of Each Receipt this Period 120.00

C.

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

Mailing Address 105 Sherwood Hill Road

City State Zip Code
Brewster NY 10509-4919

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1228-15-1

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ► **282.00**

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 33 / 439
(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
							17

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

A.

Full Name (Last, First, Middle Initial) John D Blumberg		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 105 Sherwood Hill Road		Transaction ID: 20090309-2460-16-1
City Brewster	State NY	Zip Code 10509-4919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

B.

Full Name (Last, First, Middle Initial) John D Blumberg		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 105 Sherwood Hill Road		Transaction ID: 20090330-1228-16-1
City Brewster	State NY	Zip Code 10509-4919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

C.

Full Name (Last, First, Middle Initial) John D Blumberg		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 105 Sherwood Hill Road		Transaction ID: 20090413-1228-12-1
City Brewster	State NY	Zip Code 10509-4919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

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 34 / 439
(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 (Last, First, Middle Initial)
Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Timothy John Bohannon Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: 20090123-4723-15-58
Amount of Each Receipt this Period: 208.00

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

Mailing Address 8677 Alvarado Court

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Timothy John Bohannon Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 30 / 2009
Transaction ID: 20090206-1179-16-1
Amount of Each Receipt this Period: 208.00

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

Mailing Address 8677 Alvarado Court

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Timothy John Bohannon Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 02 / 13 / 2009
Transaction ID: 20090309-1177-15-1
Amount of Each Receipt this Period: 208.00

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: PAGE 35 / 439

(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 (Last, First, Middle Initial)
Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City State Zip Code
Inver Grove MN 55077-3121

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

Name of Employer Occupation
Timothy John Bohannon General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

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

Transaction ID: 20090309-2409-16-1

Amount of Each Receipt this Period

208.00

B.

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

Mailing Address 8677 Alvarado Court

City State Zip Code
Inver Grove MN 55077-3121

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

Name of Employer Occupation
Timothy John Bohannon General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: 20090330-1178-16-1

Amount of Each Receipt this Period

208.00

C.

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

Mailing Address 8677 Alvarado Court

City State Zip Code
Inver Grove MN 55077-3121

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

Name of Employer Occupation
Timothy John Bohannon General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 20090413-1178-12-1

Amount of Each Receipt this Period

208.00

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: PAGE 36 / 439
(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 (Last, First, Middle Initial)
Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Timothy John Bohannon Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 04 / 15 / 2009
Transaction ID: 20090424-1178-11-0
 Amount of Each Receipt this Period: 208.00

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

Mailing Address 8677 Alvarado Court

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Timothy John Bohannon Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: 20090501-1178-12-0
 Amount of Each Receipt this Period: 208.00

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

Mailing Address 8677 Alvarado Court

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Timothy John Bohannon Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: 20090518-1176-15-1
 Amount of Each Receipt this Period: 208.00

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: PAGE 37 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Timothy J Bohannon		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 8677 Alvarado Court		Transaction ID: 20090602-1174-8-27
City Inver Grove	State MN	Zip Code 55077-3121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Timothy John Bohannon	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Timothy J Bohannon		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 8677 Alvarado Court		Transaction ID: 20090701-1165-17-1
City Inver Grove	State MN	Zip Code 55077-3121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Timothy John Bohannon	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Timothy J Bohannon		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 8677 Alvarado Court		Transaction ID: 20090710-1167-15-1
City Inver Grove	State MN	Zip Code 55077-3121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Timothy John Bohannon	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 38 / 439
(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 (Last, First, Middle Initial)
David G Bostick

Mailing Address 5808 Pine Valley Drive

City State Zip Code
Flower Mound TX 75022-6506

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

Name of Employer Occupation
David Grant Bostick General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1191-16-1

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
David G Bostick

Mailing Address 5808 Pine Valley Drive

City State Zip Code
Flower Mound TX 75022-6506

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

Name of Employer Occupation
David Grant Bostick General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1189-15-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
David G Bostick

Mailing Address 5808 Pine Valley Drive

City State Zip Code
Flower Mound TX 75022-6506

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

Name of Employer Occupation
David Grant Bostick General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2421-16-1

Amount of Each Receipt this Period
125.00

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: PAGE 39 / 439

(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 (Last, First, Middle Initial)
David G Bostick

Mailing Address 5808 Pine Valley Drive

City State Zip Code
Flower Mound TX 75022-6506

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

Name of Employer Occupation
David Grant Bostick General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2009

Transaction ID: 20090330-1190-16-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
David G Bostick

Mailing Address 5808 Pine Valley Drive

City State Zip Code
Flower Mound TX 75022-6506

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

Name of Employer Occupation
David Grant Bostick General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-1190-12-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
David G Bostick

Mailing Address 5808 Pine Valley Drive

City State Zip Code
Flower Mound TX 75022-6506

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

Name of Employer Occupation
David Grant Bostick General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-1190-11-0

Amount of Each Receipt this Period

125.00

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: PAGE 40 / 439
(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 (Last, First, Middle Initial) David G Bostick		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 5808 Pine Valley Drive		Transaction ID: 20090501-1190-12-0
City Flower Mound	State TX	Zip Code 75022-6506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer David Grant Bostick	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) David G Bostick		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 5808 Pine Valley Drive		Transaction ID: 20090518-1188-15-1
City Flower Mound	State TX	Zip Code 75022-6506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer David Grant Bostick	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) David G Bostick		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 5808 Pine Valley Drive		Transaction ID: 20090602-1186-8-27
City Flower Mound	State TX	Zip Code 75022-6506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer David Grant Bostick	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 41 / 439

(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 (Last, First, Middle Initial) David G Bostick		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 5808 Pine Valley Drive		Transaction ID: 20090701-1177-17-1		
	City Flower Mound	State TX	Zip Code 75022-6506	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer David Grant Bostick	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

B.	Full Name (Last, First, Middle Initial) David G Bostick		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 5808 Pine Valley Drive		Transaction ID: 20090710-1179-15-1		
	City Flower Mound	State TX	Zip Code 75022-6506	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer David Grant Bostick	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

C.	Full Name (Last, First, Middle Initial) Sandra L. Botcher		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 15375 Kata Drive		Transaction ID: 20090710-844-15-0		
	City Elm Grove	State WI	Zip Code 53122-1028	Amount of Each Receipt this Period 18.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Audit			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00			

SUBTOTAL of Receipts This Page (optional) ▶

268.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 439

(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 (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20090518-863-15-0

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-862-8-27

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-856-17-0

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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 43 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-858-15-0

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City State Zip Code
Mequon WI 53097-1812

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-877-17-0

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City State Zip Code
Mequon WI 53097-1812

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-879-15-0

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

65.00

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 44 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael T Byrne

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 984.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1195-15-1

Amount of Each Receipt this Period
82.00

B. Full Name (Last, First, Middle Initial)
Michael T Byrne

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 984.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2427-16-1

Amount of Each Receipt this Period
82.00

C. Full Name (Last, First, Middle Initial)
Michael T Byrne

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 984.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1196-16-1

Amount of Each Receipt this Period
82.00

SUBTOTAL of Receipts This Page (optional) ► **246.00**

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 45 / 439
(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 (Last, First, Middle Initial) Michael T Byrne		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 395 La Casa Viaduct		Transaction ID: 20090413-1196-12-1
City Walnut Creek	State CA	Zip Code 94598-4842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 82.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 984.00	

B.

Full Name (Last, First, Middle Initial) Michael T Byrne		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 395 La Casa Viaduct		Transaction ID: 20090424-1196-11-0
City Walnut Creek	State CA	Zip Code 94598-4842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 82.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 984.00	

C.

Full Name (Last, First, Middle Initial) Michael T Byrne		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 395 La Casa Viaduct		Transaction ID: 20090501-1196-12-0
City Walnut Creek	State CA	Zip Code 94598-4842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 82.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 984.00	

SUBTOTAL of Receipts This Page (optional)	246.00
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 46 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Michael T Byrne

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 984.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1194-15-1

Amount of Each Receipt this Period
82.00

B. Full Name (Last, First, Middle Initial)
Michael T Byrne

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 984.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1192-8-27

Amount of Each Receipt this Period
82.00

C. Full Name (Last, First, Middle Initial)
Michael T Byrne

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 984.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1183-17-1

Amount of Each Receipt this Period
82.00

SUBTOTAL of Receipts This Page (optional) ► **246.00**

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 47 / 439

(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 (Last, First, Middle Initial)
Michael T Byrne

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 984.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-1185-15-1

Amount of Each Receipt this Period
82.00

B.

Full Name (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation
VP & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 20090309-991-15-0

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation
VP & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

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

Transaction ID: 20090309-2223-16-0

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)

232.00

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 48 / 439

(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 (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: 20090330-993-16-0

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 20090413-993-12-0

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-994-11-0

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶

225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 439
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-994-12-0

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

Transaction ID: 20090518-993-15-0

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Michael G. Carter

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-991-8-27

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Michael G. Carter		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 7322 N Mohawk Road		Transaction ID: 20090701-985-17-0
City State Zip Code Fox Point WI 53217-3454	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00
Name of Employer NML Occupation VP & CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00

B.

Full Name (Last, First, Middle Initial) Michael G. Carter		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 7322 N Mohawk Road		Transaction ID: 20090710-987-15-0
City State Zip Code Fox Point WI 53217-3454	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00
Name of Employer NML Occupation VP & CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00

C.

Full Name (Last, First, Middle Initial) Gregory V Castronovo		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 317 Evening Star Lane		Transaction ID: 20090330-1212-16-1
City State Zip Code Bozeman MT 59715-7738	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00
Name of Employer NML Occupation Special Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00

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: PAGE 51 / 439

(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 (Last, First, Middle Initial)
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 20090413-1212-12-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-1212-11-0

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1212-12-0

Amount of Each Receipt this Period
42.00

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: PAGE 52 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

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

Transaction ID: 20090518-1210-15-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1208-8-27

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1199-17-1

Amount of Each Receipt this Period
42.00

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: PAGE 53 / 439
(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 (Last, First, Middle Initial)
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1201-15-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City State Zip Code
Amherst NH 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1212-16-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City State Zip Code
Amherst NH 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1210-15-1

Amount of Each Receipt this Period
125.00

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: PAGE 54 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Scott G Christensen
Mailing Address 12 High Meadow Lane
City Amherst State NH Zip Code 03031-2554
FEC ID number of contributing federal political committee. **C**
Name of Employer Christensen Fcl Gp LLC Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 02 / 28 / 2009
Transaction ID: 20090309-2442-16-1
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Scott G Christensen
Mailing Address 12 High Meadow Lane
City Amherst State NH Zip Code 03031-2554
FEC ID number of contributing federal political committee. **C**
Name of Employer Christensen Fcl Gp LLC Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-1211-16-1
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Scott G Christensen
Mailing Address 12 High Meadow Lane
City Amherst State NH Zip Code 03031-2554
FEC ID number of contributing federal political committee. **C**
Name of Employer Christensen Fcl Gp LLC Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-1211-12-1
Amount of Each Receipt this Period 125.00

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: PAGE 55 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-1211-11-0

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-1211-12-0

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1209-15-1

Amount of Each Receipt this Period 125.00

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: PAGE 56 / 439
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-1207-8-27
 Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-1198-17-1
 Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Scott G Christensen

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Christensen Fcl Gp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-1200-15-1
 Amount of Each Receipt this Period 125.00

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: PAGE 57 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City State Zip Code
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-721-11-0

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City State Zip Code
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-721-12-0

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City State Zip Code
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: 20090518-720-15-0

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 439
(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 (Last, First, Middle Initial)
Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City State Zip Code
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-719-8-27

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City State Zip Code
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-715-17-0

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City State Zip Code
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-716-15-0

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 439
(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 (Last, First, Middle Initial) David D. Clark		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 1680 Barrington Wood		Transaction ID: 20090206-691-16-0
City Brookfield	State WI	Zip Code 53045-2213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.00
Name of Employer NML	Occupation Svp Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1932.00	

B.

Full Name (Last, First, Middle Initial) David D. Clark		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 1680 Barrington Wood		Transaction ID: 20090309-689-15-0
City Brookfield	State WI	Zip Code 53045-2213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.00
Name of Employer NML	Occupation Svp Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1932.00	

C.

Full Name (Last, First, Middle Initial) David D. Clark		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 1680 Barrington Wood		Transaction ID: 20090309-1921-16-0
City Brookfield	State WI	Zip Code 53045-2213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.00
Name of Employer NML	Occupation Svp Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1932.00	

SUBTOTAL of Receipts This Page (optional)	483.00
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 60 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) David D. Clark		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 1680 Barrington Wood		Transaction ID: 20090330-691-16-0
City Brookfield	State WI	Zip Code 53045-2213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.00
Name of Employer NML	Occupation Svp Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1932.00	

B.

Full Name (Last, First, Middle Initial) David D. Clark		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1680 Barrington Wood		Transaction ID: 20090413-691-12-0
City Brookfield	State WI	Zip Code 53045-2213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.00
Name of Employer NML	Occupation Svp Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1932.00	

C.

Full Name (Last, First, Middle Initial) David D. Clark		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 1680 Barrington Wood		Transaction ID: 20090424-693-11-0
City Brookfield	State WI	Zip Code 53045-2213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.00
Name of Employer NML	Occupation Svp Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1932.00	

SUBTOTAL of Receipts This Page (optional)	▶	483.00
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 61 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David D. Clark

Mailing Address 1680 Barrington Wood

City State Zip Code
Brookfield WI 53045-2213

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

Name of Employer NML Occupation
Svp Real Estate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1932.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-693-12-0

Amount of Each Receipt this Period

161.00

B.

Full Name (Last, First, Middle Initial)
David D. Clark

Mailing Address 1680 Barrington Wood

City State Zip Code
Brookfield WI 53045-2213

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

Name of Employer NML Occupation
Svp Real Estate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1932.00

Date of Receipt

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

Transaction ID: 20090518-692-15-0

Amount of Each Receipt this Period

161.00

C.

Full Name (Last, First, Middle Initial)
David D. Clark

Mailing Address 1680 Barrington Wood

City State Zip Code
Brookfield WI 53045-2213

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

Name of Employer NML Occupation
Svp Real Estate

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1932.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-691-8-27

Amount of Each Receipt this Period

161.00

SUBTOTAL of Receipts This Page (optional) ▶

483.00

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 62 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David D. Clark

Mailing Address 1680 Barrington Wood

City State Zip Code
Brookfield WI 53045-2213

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

Name of Employer NML Occupation Svp Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1932.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-687-17-0

Amount of Each Receipt this Period
161.00

B. Full Name (Last, First, Middle Initial)
David D. Clark

Mailing Address 1680 Barrington Wood

City State Zip Code
Brookfield WI 53045-2213

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

Name of Employer NML Occupation Svp Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1932.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-688-15-0

Amount of Each Receipt this Period
161.00

C. Full Name (Last, First, Middle Initial)
Richard M Condrey

Mailing Address 907 Williamson Drive

City State Zip Code
Raleigh NC 27608-2307

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

Name of Employer Carolina Condrey Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 20090123-4717-15-58

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **530.00**

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 63 / 439

(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 (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Carolina Condrey Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1173-16-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Carolina Condrey Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1171-15-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Carolina Condrey Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2403-16-1

Amount of Each Receipt this Period

208.00

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: PAGE 64 / 439
(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 (Last, First, Middle Initial)
Richard M Condrey

Mailing Address 907 Williamson Drive

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Carolina Condrey Grp Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 15 / 2009

Transaction ID: 20090330-1172-16-1

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Richard M Condrey

Mailing Address 907 Williamson Drive

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Carolina Condrey Grp Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: 20090413-1172-12-1

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Richard M Condrey

Mailing Address 907 Williamson Drive

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Carolina Condrey Grp Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2009

Transaction ID: 20090424-1172-11-0

Amount of Each Receipt this Period
208.00

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: PAGE 65 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard M Condrey
Mailing Address 907 Williamson Drive
City Raleigh State NC Zip Code 27608-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Condrey Grp Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 04 / 30 / 2009
Transaction ID: 20090501-1172-12-0
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Richard M Condrey
Mailing Address 907 Williamson Drive
City Raleigh State NC Zip Code 27608-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Condrey Grp Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 05 / 15 / 2009
Transaction ID: 20090518-1170-15-1
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Richard M Condrey
Mailing Address 907 Williamson Drive
City Raleigh State NC Zip Code 27608-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Condrey Grp Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-1168-8-27
Amount of Each Receipt this Period 208.00

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: PAGE 66 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard M Condrey
Mailing Address 907 Williamson Drive
City Raleigh State NC Zip Code 27608-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Condrey Grp Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-1159-17-1
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Richard M Condrey
Mailing Address 907 Williamson Drive
City Raleigh State NC Zip Code 27608-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Condrey Grp Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-1161-15-1
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
C. T Cruise
Mailing Address 2961 Belclaire Drive
City Frisco State TX Zip Code 75034-5969
FEC ID number of contributing federal political committee. **C**
Name of Employer Cruse Fncl Group Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 01 / 15 / 2009
Transaction ID: 20090123-4746-15-58
Amount of Each Receipt this Period 208.00

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: PAGE 67 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 30 / 2009
Transaction ID: 20090206-1202-16-1
 Amount of Each Receipt this Period: 208.00

B.

Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 02 / 13 / 2009
Transaction ID: 20090309-1200-15-1
 Amount of Each Receipt this Period: 208.00

C.

Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 02 / 28 / 2009
Transaction ID: 20090309-2432-16-1
 Amount of Each Receipt this Period: 208.00

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: PAGE 68 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1201-16-1

Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-1201-12-1

Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-1201-11-0

Amount of Each Receipt this Period 208.00

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: PAGE 69 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-1201-12-0

Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1199-15-1

Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1197-8-27

Amount of Each Receipt this Period 208.00

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: PAGE 70 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1188-17-1

Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
C. T Cruse

Mailing Address 2961 Belclaire Drive

City Frisco State TX Zip Code 75034-5969

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

Name of Employer Cruse Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1190-15-1

Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Brian R Cunningham

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 Brian R Cunningham Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1195-16-1

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 466.00

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 71 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Brian R Cunningham		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 6251 S Billings Way		Transaction ID: 20090413-1195-12-1
City Centennial	State CO	Zip Code 80111-6009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brian R Cunningham	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Brian R Cunningham		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 6251 S Billings Way		Transaction ID: 20090424-1195-11-0
City Centennial	State CO	Zip Code 80111-6009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brian R Cunningham	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Brian R Cunningham		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 6251 S Billings Way		Transaction ID: 20090501-1195-12-0
City Centennial	State CO	Zip Code 80111-6009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brian R Cunningham	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 72 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Brian R Cunningham

Mailing Address 6251 S Billings Way

City State Zip Code
Centennial CO 80111-6009

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

Name of Employer Occupation
Brian R Cunningham General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 20090518-1193-15-1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Brian R Cunningham

Mailing Address 6251 S Billings Way

City State Zip Code
Centennial CO 80111-6009

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

Name of Employer Occupation
Brian R Cunningham General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1191-8-27

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Brian R Cunningham

Mailing Address 6251 S Billings Way

City State Zip Code
Centennial CO 80111-6009

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

Name of Employer Occupation
Brian R Cunningham General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1182-17-1

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 73 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Brian R Cunningham

Mailing Address 6251 S Billings Way

City State Zip Code
Centennial CO 80111-6009

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

Name of Employer Occupation
Brian R Cunningham General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1184-15-1

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Gloster B. Current

Mailing Address 9521 North Lake Drive

City State Zip Code
Bayside WI 53217-1452

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

Name of Employer Occupation
NML VP Corp Affairs & Asst To CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-1773-16-0

Amount of Each Receipt this Period
64.00

C.

Full Name (Last, First, Middle Initial)
Gloster B. Current

Mailing Address 9521 North Lake Drive

City State Zip Code
Bayside WI 53217-1452

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

Name of Employer Occupation
NML VP Corp Affairs & Asst To CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-544-16-0

Amount of Each Receipt this Period
64.00

SUBTOTAL of Receipts This Page (optional) ► **178.00**

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 74 / 439

(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 (Last, First, Middle Initial)
Gloster B. Current

Mailing Address 9521 North Lake Drive

City State Zip Code
Bayside WI 53217-1452

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

Name of Employer NML Occupation
VP Corp Affairs & Asst To CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 512.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-544-12-0

Amount of Each Receipt this Period

64.00

B.

Full Name (Last, First, Middle Initial)
Gloster B. Current

Mailing Address 9521 North Lake Drive

City State Zip Code
Bayside WI 53217-1452

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

Name of Employer NML Occupation
VP Corp Affairs & Asst To CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 512.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-545-11-0

Amount of Each Receipt this Period

64.00

C.

Full Name (Last, First, Middle Initial)
Gloster B. Current

Mailing Address 9521 North Lake Drive

City State Zip Code
Bayside WI 53217-1452

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

Name of Employer NML Occupation
VP Corp Affairs & Asst To CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 512.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2009

Transaction ID: 20090501-545-12-0

Amount of Each Receipt this Period

64.00

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: PAGE 75 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jefferson V. De Angelis
Mailing Address 4449 Donges Bay Road

City State Zip Code
Mequon WI 53092-4883

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

Name of Employer NML Occupation VP Public Fixed Inc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-588-17-0

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Jefferson V. De Angelis
Mailing Address 4449 Donges Bay Road

City State Zip Code
Mequon WI 53092-4883

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

Name of Employer NML Occupation VP Public Fixed Inc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-589-15-0

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Lew D Derrickson
Mailing Address 5799 Sunset Lane

City State Zip Code
Indianapolis IN 46228-1447

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

Name of Employer Derrickson Fncl Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 20090123-4715-15-58

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► 248.00

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 76 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lew D Derrickson

Mailing Address 5799 Sunset Lane

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Derrickson Fncl Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 01 / 30 / 2009

Transaction ID: 20090206-1171-16-1

Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Lew D Derrickson

Mailing Address 5799 Sunset Lane

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Derrickson Fncl Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 13 / 2009

Transaction ID: 20090309-1169-15-1

Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Lew D Derrickson

Mailing Address 5799 Sunset Lane

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Derrickson Fncl Grp Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 28 / 2009

Transaction ID: 20090309-2401-16-1

Amount of Each Receipt this Period 208.00

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: PAGE 77 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Lew D Derrickson

Mailing Address 5799 Sunset Lane

City State Zip Code
Indianapolis IN 46228-1447

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

Name of Employer Occupation
Derrickson Fncl Grp Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2009

Transaction ID: 20090330-1170-16-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
Lew D Derrickson

Mailing Address 5799 Sunset Lane

City State Zip Code
Indianapolis IN 46228-1447

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

Name of Employer Occupation
Derrickson Fncl Grp Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-1170-12-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
Lew D Derrickson

Mailing Address 5799 Sunset Lane

City State Zip Code
Indianapolis IN 46228-1447

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

Name of Employer Occupation
Derrickson Fncl Grp Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-1170-11-0

Amount of Each Receipt this Period

208.00

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: PAGE 78 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Lew D Derrickson		Date of Receipt MM / DD / YYYY 04 / 30 / 2009	
Mailing Address 5799 Sunset Lane		Transaction ID: 20090501-1170-12-0	
City Indianapolis	State IN	Zip Code 46228-1447	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Derrickson Fncl Grp	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00		

B.

Full Name (Last, First, Middle Initial) Lew D Derrickson		Date of Receipt MM / DD / YYYY 05 / 15 / 2009	
Mailing Address 5799 Sunset Lane		Transaction ID: 20090518-1168-15-1	
City Indianapolis	State IN	Zip Code 46228-1447	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Derrickson Fncl Grp	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00		

C.

Full Name (Last, First, Middle Initial) Lew D Derrickson		Date of Receipt MM / DD / YYYY 05 / 31 / 2009	
Mailing Address 5799 Sunset Lane		Transaction ID: 20090602-1166-8-27	
City Indianapolis	State IN	Zip Code 46228-1447	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Derrickson Fncl Grp	Occupation Special Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00		

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:	PAGE 79 / 439
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Lew D Derrickson		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 5799 Sunset Lane		Transaction ID: 20090701-1157-17-1		
	City Indianapolis	State IN	Zip Code 46228-1447	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Derrickson Fncl Grp	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

B.	Full Name (Last, First, Middle Initial) Lew D Derrickson		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 5799 Sunset Lane		Transaction ID: 20090710-1159-15-1		
	City Indianapolis	State IN	Zip Code 46228-1447	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Derrickson Fncl Grp	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

C.	Full Name (Last, First, Middle Initial) James S Dobbs		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address RR 1 Box 51B		Transaction ID: 20090518-1163-15-1		
	City Ripley	State WV	Zip Code 25271-9705	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer James S Dobbs	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	441.00
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 80 / 439
(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 (Last, First, Middle Initial)
James S Dobbs

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer James S Dobbs Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1161-8-27

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
James S Dobbs

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer James S Dobbs Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1152-17-1

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
James S Dobbs

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer James S Dobbs Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1154-15-1

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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 81 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 01 / 15 / 2009
Mailing Address 8420 N Pelican Lane		Transaction ID: 20090123-4406-15-57
City River Hills	State WI	Zip Code 53217-2058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Svp & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 8420 N Pelican Lane		Transaction ID: 20090206-862-16-0
City River Hills	State WI	Zip Code 53217-2058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Svp & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 8420 N Pelican Lane		Transaction ID: 20090309-860-15-0
City River Hills	State WI	Zip Code 53217-2058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Svp & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 82 / 439

(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 (Last, First, Middle Initial)
Mark G. Doll

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation Svp & CIO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

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

Transaction ID: 20090309-2092-16-0

Amount of Each Receipt this Period

208.00

B.

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

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation Svp & CIO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: 20090330-862-16-0

Amount of Each Receipt this Period

208.00

C.

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

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation Svp & CIO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 20090413-862-12-0

Amount of Each Receipt this Period

208.00

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: PAGE 83 / 439

(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 (Last, First, Middle Initial)
Mark G. Doll

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation Svp & CIO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-863-11-0

Amount of Each Receipt this Period

208.00

B.

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

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation Svp & CIO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-863-12-0

Amount of Each Receipt this Period

208.00

C.

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

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation Svp & CIO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

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

Transaction ID: 20090518-862-15-0

Amount of Each Receipt this Period

208.00

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: PAGE 84 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 8420 N Pelican Lane		Transaction ID: 20090602-861-8-27
City River Hills	State WI	Zip Code 53217-2058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Svp & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 8420 N Pelican Lane		Transaction ID: 20090701-855-17-0
City River Hills	State WI	Zip Code 53217-2058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Svp & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 8420 N Pelican Lane		Transaction ID: 20090710-857-15-0
City River Hills	State WI	Zip Code 53217-2058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Svp & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 85 / 439
(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 (Last, First, Middle Initial)
Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1200-16-1

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1198-15-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2430-16-1

Amount of Each Receipt this Period
125.00

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: PAGE 86 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steven Dugal
Mailing Address 9 Falcon Drive
City Mandeville State LA Zip Code 70471-2952
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-1199-16-1
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Steven Dugal
Mailing Address 9 Falcon Drive
City Mandeville State LA Zip Code 70471-2952
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-1199-12-1
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Steven Dugal
Mailing Address 9 Falcon Drive
City Mandeville State LA Zip Code 70471-2952
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 04 / 15 / 2009
Transaction ID: 20090424-1199-11-0
Amount of Each Receipt this Period 125.00

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: PAGE 87 / 439

(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 (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer Occupation
NML Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1199-12-0

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer Occupation
NML Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: 20090518-1197-15-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer Occupation
NML Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1195-8-27

Amount of Each Receipt this Period

125.00

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: PAGE 88 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1186-17-1

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Steven Dugal

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1188-15-1

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
John E. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-648-12-0

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional) ► **287.00**

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 89 / 439
(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 (Last, First, Middle Initial)
John E. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-650-11-0

Amount of Each Receipt this Period
37.00

B.

Full Name (Last, First, Middle Initial)
John E. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-650-12-0

Amount of Each Receipt this Period
37.00

C.

Full Name (Last, First, Middle Initial)
John E. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-649-15-0

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional) ► **111.00**

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 90 / 439
(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 (Last, First, Middle Initial)
John E. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-648-8-27

Amount of Each Receipt this Period
37.00

B.

Full Name (Last, First, Middle Initial)
John E. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

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

Transaction ID: 20090701-645-17-0

Amount of Each Receipt this Period
37.00

C.

Full Name (Last, First, Middle Initial)
John E. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

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

Transaction ID: 20090710-646-15-0

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional) ► **111.00**

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 91 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) James R Effner, Jr.		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 2520 Hanford Lane		Transaction ID: 20090206-1204-16-1
City Aurora	State IL	Zip Code 60502-6969
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Effner Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

B.

Full Name (Last, First, Middle Initial) James R Effner, Jr.		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 2520 Hanford Lane		Transaction ID: 20090309-1202-15-1
City Aurora	State IL	Zip Code 60502-6969
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Effner Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

C.

Full Name (Last, First, Middle Initial) James R Effner, Jr.		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 2520 Hanford Lane		Transaction ID: 20090309-2434-16-1
City Aurora	State IL	Zip Code 60502-6969
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Effner Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

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: PAGE 92 / 439
(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 (Last, First, Middle Initial)
James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Effner Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1203-16-1

Amount of Each Receipt this Period 150.00

B.

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Effner Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-1203-12-1

Amount of Each Receipt this Period 150.00

C.

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Effner Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-1203-11-0

Amount of Each Receipt this Period 150.00

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: PAGE 93 / 439
(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 (Last, First, Middle Initial)
James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Effner Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1203-12-0

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Effner Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1201-15-1

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Effner Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1199-8-27

Amount of Each Receipt this Period
150.00

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: PAGE 94 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James R Effner, Jr.
Mailing Address 2520 Hanford Lane
City Aurora State IL Zip Code 60502-6969
FEC ID number of contributing federal political committee. **C**
Name of Employer Effner Fncl Grp Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-1190-17-1
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
James R Effner, Jr.
Mailing Address 2520 Hanford Lane
City Aurora State IL Zip Code 60502-6969
FEC ID number of contributing federal political committee. **C**
Name of Employer Effner Fncl Grp Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-1192-15-1
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Ralph David Ells
Mailing Address 9927 N Valley Hill D
City Mequon State WI Zip Code 53092
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 432.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-908-12-0
Amount of Each Receipt this Period 36.00

SUBTOTAL of Receipts This Page (optional) ► 336.00
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 95 / 439
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-909-11-0

Amount of Each Receipt this Period
36.00

B.

Full Name (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-909-12-0

Amount of Each Receipt this Period
36.00

C.

Full Name (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-908-15-0

Amount of Each Receipt this Period
36.00

SUBTOTAL of Receipts This Page (optional) ► **108.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 439
(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 (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-907-8-27

Amount of Each Receipt this Period
36.00

B.

Full Name (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-901-17-0

Amount of Each Receipt this Period
36.00

C.

Full Name (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-903-15-0

Amount of Each Receipt this Period
36.00

SUBTOTAL of Receipts This Page (optional) ► **108.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 439
(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 (Last, First, Middle Initial) Keith A Erhard		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 4807 Timberwood Court		Transaction ID: 20090330-1188-16-1
City West Des Moines	State IA	Zip Code 50265-5447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Keith A Erhard	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.

Full Name (Last, First, Middle Initial) Keith A Erhard		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 4807 Timberwood Court		Transaction ID: 20090413-1188-12-1
City West Des Moines	State IA	Zip Code 50265-5447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Keith A Erhard	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

C.

Full Name (Last, First, Middle Initial) Keith A Erhard		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 4807 Timberwood Court		Transaction ID: 20090424-1188-11-0
City West Des Moines	State IA	Zip Code 50265-5447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Keith A Erhard	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

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: PAGE 98 / 439
(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 (Last, First, Middle Initial) Keith A Erhard		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 4807 Timberwood Court		Transaction ID: 20090501-1188-12-0
City West Des Moines	State IA	Zip Code 50265-5447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Keith A Erhard	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.

Full Name (Last, First, Middle Initial) Keith A Erhard		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 4807 Timberwood Court		Transaction ID: 20090518-1186-15-1
City West Des Moines	State IA	Zip Code 50265-5447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Keith A Erhard	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

C.

Full Name (Last, First, Middle Initial) Keith A Erhard		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 4807 Timberwood Court		Transaction ID: 20090602-1184-8-27
City West Des Moines	State IA	Zip Code 50265-5447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Keith A Erhard	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

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: PAGE 99 / 439
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Keith A Erhard</p> <p>Mailing Address 4807 Timberwood Court</p> <p>City State Zip Code West Des Moines IA 50265-5447</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Keith A Erhard General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 504.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 15 / 2009</p> <p>Transaction ID: 20090701-1175-17-1</p> <p>Amount of Each Receipt this Period 42.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Keith A Erhard</p> <p>Mailing Address 4807 Timberwood Court</p> <p>City State Zip Code West Des Moines IA 50265-5447</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Keith A Erhard General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 504.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2009</p> <p>Transaction ID: 20090710-1177-15-1</p> <p>Amount of Each Receipt this Period 42.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) John C Ertz</p> <p>Mailing Address 127 Underhill Rd</p> <p>City State Zip Code Mill Valley CA 94941-1461</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation JCE Financial Group Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 840.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 13 / 2009</p> <p>Transaction ID: 20090309-1186-15-1</p> <p>Amount of Each Receipt this Period 70.00</p>
---	---

SUBTOTAL of Receipts This Page (optional)	154.00
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 100 / 439
	<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.	Full Name (Last, First, Middle Initial) John C Ertz	Date of Receipt MM / DD / YYYY 02 / 28 / 2009
	Mailing Address 127 Underhill Rd	Transaction ID: 20090309-2418-16-1
	City State Zip Code Mill Valley CA 94941-1461	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JCE Financial Group Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

B.	Full Name (Last, First, Middle Initial) John C Ertz	Date of Receipt MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 18235 Shaker Boulevard	Transaction ID: 20090330-1187-16-1
	City State Zip Code Shaker Heights OH 44120-1754	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JCE Financial Group Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

C.	Full Name (Last, First, Middle Initial) John C Ertz	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 18235 Shaker Boulevard	Transaction ID: 20090413-1187-12-1
	City State Zip Code Shaker Heights OH 44120-1754	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JCE Financial Group Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
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 101 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John C Ertz
 Mailing Address 18235 Shaker Boulevard
 City State Zip Code
 Shaker Heights OH 44120-1754
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 9
Transaction ID: 20090424-1187-11-0
 Amount of Each Receipt this Period
 70.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JCE Financial Group Special Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.00

B. Full Name (Last, First, Middle Initial)
John C Ertz
 Mailing Address 18235 Shaker Boulevard
 City State Zip Code
 Shaker Heights OH 44120-1754
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 9
Transaction ID: 20090501-1187-12-0
 Amount of Each Receipt this Period
 70.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JCE Financial Group Special Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.00

C. Full Name (Last, First, Middle Initial)
John C Ertz
 Mailing Address 18235 Shaker Boulevard
 City State Zip Code
 Shaker Heights OH 44120-1754
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 9
Transaction ID: 20090518-1185-15-1
 Amount of Each Receipt this Period
 70.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JCE Financial Group Special Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.00

SUBTOTAL of Receipts This Page (optional) ► 210.00
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 102 / 439
(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

<p>A. Full Name (Last, First, Middle Initial) John C Ertz</p> <p>Mailing Address 18235 Shaker Boulevard</p> <p>City State Zip Code Shaker Heights OH 44120-1754</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation JCE Financial Group Special Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 840.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 31 / 2009</p> <p>Transaction ID: 20090602-1183-8-27</p> <p>Amount of Each Receipt this Period 70.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) John C Ertz</p> <p>Mailing Address 18235 Shaker Boulevard</p> <p>City State Zip Code Shaker Heights OH 44120-1754</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation JCE Financial Group Special Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 840.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 15 / 2009</p> <p>Transaction ID: 20090701-1174-17-1</p> <p>Amount of Each Receipt this Period 70.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) John C Ertz</p> <p>Mailing Address 18235 Shaker Boulevard</p> <p>City State Zip Code Shaker Heights OH 44120-1754</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation JCE Financial Group Special Agent</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 840.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2009</p> <p>Transaction ID: 20090710-1176-15-1</p> <p>Amount of Each Receipt this Period 70.00</p>
---	---

SUBTOTAL of Receipts This Page (optional)	210.00
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 103 / 439

(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 (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 20090309-937-15-0

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: 20090309-2169-16-0

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: 20090330-939-16-0

Amount of Each Receipt this Period

100.00

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: PAGE 104 / 439
(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 (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-939-12-0

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-940-11-0

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-940-12-0

Amount of Each Receipt this Period
100.00

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: PAGE 105 / 439
(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 (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: 20090518-939-15-0

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-938-8-27

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-932-17-0

Amount of Each Receipt this Period

100.00

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: PAGE 106 / 439
(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 (Last, First, Middle Initial)
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City Bayside State WI Zip Code 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-934-15-0

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City Carmichael State CA Zip Code 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 20090123-4738-15-58

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City Carmichael State CA Zip Code 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1194-16-1

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► 516.00

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 107 / 439
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1192-15-1

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2424-16-1

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1193-16-1

Amount of Each Receipt this Period
208.00

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: PAGE 108 / 439
(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 (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1193-12-1

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1193-11-0

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1193-12-0

Amount of Each Receipt this Period
208.00

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: PAGE 109 / 439
(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 (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1191-15-1

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1189-8-27

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer John E Fobes II Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1180-17-1

Amount of Each Receipt this Period
208.00

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: PAGE 110 / 439
(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 (Last, First, Middle Initial)
John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer Occupation
John E Fobes II General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1182-15-1

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1213-16-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1213-12-1

Amount of Each Receipt this Period
42.00

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: PAGE 111 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1213-11-0

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1213-12-0

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1211-15-1

Amount of Each Receipt this Period
42.00

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: PAGE 112 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1209-8-27

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1200-17-1

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Lee M Fortenberry

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

Name of Employer Occupation
NM Harrisburg Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1202-15-1

Amount of Each Receipt this Period
42.00

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: PAGE 113 / 439
(check only one)

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

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

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

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1187-16-1

Amount of Each Receipt this Period
125.00

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1185-15-1

Amount of Each Receipt this Period
125.00

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2417-16-1

Amount of Each Receipt this Period
125.00

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: PAGE 114 / 439
(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 (Last, First, Middle Initial)
Robert T Frieling

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1186-16-1

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1186-12-1

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1186-11-0

Amount of Each Receipt this Period
125.00

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: PAGE 115 / 439
(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 (Last, First, Middle Initial)
Robert T Frieling

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1186-12-0

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1184-15-1

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1182-8-27

Amount of Each Receipt this Period
125.00

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: PAGE 116 / 439
(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 (Last, First, Middle Initial)
Robert T Frieling

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1173-17-1

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

Name of Employer Robert T Frieling Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1175-15-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City State Zip Code
Glendale WI 53209-4309

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1051-15-0

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional) ► 267.00

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 117 / 439
(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 (Last, First, Middle Initial)
Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Field Comp & Plg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: 20090518-641-15-0
Amount of Each Receipt this Period: 25.00

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

Mailing Address 5421 N Idlewild Avenue

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Field Comp & Plg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 31 / 2009
Transaction ID: 20090602-640-8-27
Amount of Each Receipt this Period: 25.00

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

Mailing Address 5421 N Idlewild Avenue

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Field Comp & Plg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090701-637-17-0
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 118 / 439
(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 (Last, First, Middle Initial)
Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Field Comp & Plg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-638-15-0

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Western MI Group LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1184-16-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Western MI Group LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1184-12-1

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **109.00**

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 119 / 439
(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 (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Western MI Group LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1184-11-0

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Western MI Group LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1184-12-0

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Western MI Group LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1182-15-1

Amount of Each Receipt this Period
42.00

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: PAGE 120 / 439
(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 (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Occupation
Western MI Group LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1180-8-27

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Occupation
Western MI Group LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1171-17-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Occupation
Western MI Group LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1173-15-1

Amount of Each Receipt this Period
42.00

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: PAGE 121 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City State Zip Code
River Hills WI 53217

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

Name of Employer NML Occupation VP Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 696.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-1814-16-0

Amount of Each Receipt this Period
58.00

B. Full Name (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City State Zip Code
River Hills WI 53217

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

Name of Employer NML Occupation VP Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 696.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-584-16-0

Amount of Each Receipt this Period
58.00

C. Full Name (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City State Zip Code
River Hills WI 53217

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

Name of Employer NML Occupation VP Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 696.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-584-12-0

Amount of Each Receipt this Period
58.00

SUBTOTAL of Receipts This Page (optional) ► **174.00**

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 122 / 439

(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 (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City	State	Zip Code
River Hills	WI	53217

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

Name of Employer NML	Occupation VP Comm
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-586-11-0

Amount of Each Receipt this Period
58.00

B.

Full Name (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City	State	Zip Code
River Hills	WI	53217

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

Name of Employer NML	Occupation VP Comm
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-586-12-0

Amount of Each Receipt this Period
58.00

C.

Full Name (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City	State	Zip Code
River Hills	WI	53217

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

Name of Employer NML	Occupation VP Comm
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.00
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Date of Receipt

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

Transaction ID: 20090518-585-15-0

Amount of Each Receipt this Period
58.00

SUBTOTAL of Receipts This Page (optional)

174.00

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 123 / 439
	<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.	Full Name (Last, First, Middle Initial) Kimberley Goode		Date of Receipt
	Mailing Address 2485 W Fairy Chasm R		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	River Hills	WI	53217
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090602-584-8-27
Name of Employer NML		Occupation VP Comm	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="58.00"/>
		<input type="text" value="696.00"/>	

B.	Full Name (Last, First, Middle Initial) Kimberley Goode		Date of Receipt
	Mailing Address 2485 W Fairy Chasm R		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	River Hills	WI	53217
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090701-581-17-0
Name of Employer NML		Occupation VP Comm	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="58.00"/>
		<input type="text" value="696.00"/>	

C.	Full Name (Last, First, Middle Initial) Kimberley Goode		Date of Receipt
	Mailing Address 2485 W Fairy Chasm R		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	River Hills	WI	53217
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090710-582-15-0
Name of Employer NML		Occupation VP Comm	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="58.00"/>
		<input type="text" value="696.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="174.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 439
(check only one)

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

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

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

A.

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

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer Patrick K Gores Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1175-16-1

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer Patrick K Gores Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1175-12-1

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer Patrick K Gores Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1175-11-0

Amount of Each Receipt this Period
42.00

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: PAGE 125 / 439
(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 (Last, First, Middle Initial)
Patrick K Gores

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer Patrick K Gores Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1175-12-0

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer Patrick K Gores Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1173-15-1

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer Patrick K Gores Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1171-8-27

Amount of Each Receipt this Period
42.00

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: PAGE 126 / 439
(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 (Last, First, Middle Initial)
Patrick K Gores

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer: Patrick K Gores Occupation: General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1162-17-1

Amount of Each Receipt this Period: 42.00

B.

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

Mailing Address 2702 28th Avenue Southwest

City State Zip Code
Fargo ND 58103-5045

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

Name of Employer: Patrick K Gores Occupation: General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1164-15-1

Amount of Each Receipt this Period: 42.00

C.

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

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer: Goris Fncl Grp Inc Occupation: Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1198-16-1

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 209.00

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 127 / 439
(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 (Last, First, Middle Initial)
Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer: Goris Fncl Grp Inc Occupation: Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 02 / 13 / 2009
Transaction ID: 20090309-1196-15-1
Amount of Each Receipt this Period: 125.00

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

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer: Goris Fncl Grp Inc Occupation: Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 02 / 28 / 2009
Transaction ID: 20090309-2428-16-1
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer: Goris Fncl Grp Inc Occupation: Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 03 / 15 / 2009
Transaction ID: 20090330-1197-16-1
Amount of Each Receipt this Period: 125.00

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: PAGE 128 / 439
(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 (Last, First, Middle Initial)
Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer: Goris Fncl Grp Inc
Occupation: Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1197-12-1

Amount of Each Receipt this Period: 125.00

B.

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

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer: Goris Fncl Grp Inc
Occupation: Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1197-11-0

Amount of Each Receipt this Period: 125.00

C.

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

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer: Goris Fncl Grp Inc
Occupation: Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1197-12-0

Amount of Each Receipt this Period: 125.00

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: PAGE 129 / 439
(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 (Last, First, Middle Initial) Tom Goris, Jr.		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 8042 Cheverny Drive		Transaction ID: 20090518-1195-15-1
City Mequon	State WI	Zip Code 53097-2532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Goris Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Tom Goris, Jr.		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 8042 Cheverny Drive		Transaction ID: 20090602-1193-8-27
City Mequon	State WI	Zip Code 53097-2532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Goris Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Tom Goris, Jr.		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 8042 Cheverny Drive		Transaction ID: 20090701-1184-17-1
City Mequon	State WI	Zip Code 53097-2532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Goris Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 130 / 439
(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 (Last, First, Middle Initial) Tom Goris, Jr.		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 8042 Cheverny Drive		Transaction ID: 20090710-1186-15-1
City Mequon	State WI	Zip Code 53097-2532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Goris Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Karl G. Gouverneur		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 12895 N Cobblestone		Transaction ID: 20090701-1112-17-0
City Mequon	State WI	Zip Code 53097-1812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer NML	Occupation VP & Chief Tech Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Karl G. Gouverneur		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 12895 N Cobblestone		Transaction ID: 20090710-1114-15-0
City Mequon	State WI	Zip Code 53097-1812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer NML	Occupation VP & Chief Tech Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
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 131 / 439
(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 (Last, First, Middle Initial)
John M. Grogan

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1031-15-0

Amount of Each Receipt this Period
88.00

B.

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

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2263-16-0

Amount of Each Receipt this Period
88.00

C.

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

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1033-16-0

Amount of Each Receipt this Period
88.00

SUBTOTAL of Receipts This Page (optional) ► **264.00**

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 132 / 439
(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 (Last, First, Middle Initial)
John M. Grogan

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1033-12-0

Amount of Each Receipt this Period
88.00

B.

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

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1034-11-0

Amount of Each Receipt this Period
88.00

C.

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

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1034-12-0

Amount of Each Receipt this Period
88.00

SUBTOTAL of Receipts This Page (optional) ► **264.00**

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 133 / 439
(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 (Last, First, Middle Initial)
John M. Grogan

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1033-15-0

Amount of Each Receipt this Period
88.00

B.

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

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1031-8-27

Amount of Each Receipt this Period
88.00

C.

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

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1024-17-0

Amount of Each Receipt this Period
88.00

SUBTOTAL of Receipts This Page (optional) ► **264.00**

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 134 / 439
(check only one)

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

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

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

A.

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

Mailing Address 706 W Acacia Road

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1026-15-0

Amount of Each Receipt this Period
88.00

B.

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

Mailing Address 2155 Hickory Court

City State Zip Code
Oshkosh WI 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1164-16-1

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 2155 Hickory Court

City State Zip Code
Oshkosh WI 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1164-12-1

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **172.00**

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 135 / 439
(check only one)

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

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

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

A.

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

Mailing Address 2155 Hickory Court

City Oshkosh State WI Zip Code 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-1164-11-0

Amount of Each Receipt this Period 42.00

B.

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

Mailing Address 2155 Hickory Court

City Oshkosh State WI Zip Code 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-1164-12-0

Amount of Each Receipt this Period 42.00

C.

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

Mailing Address 2155 Hickory Court

City Oshkosh State WI Zip Code 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1162-15-1

Amount of Each Receipt this Period 42.00

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: PAGE 136 / 439
(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 (Last, First, Middle Initial)
Jon P Gruenstern

Mailing Address 2155 Hickory Court

City State Zip Code
Oshkosh WI 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1160-8-27

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 2155 Hickory Court

City State Zip Code
Oshkosh WI 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1151-17-1

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 2155 Hickory Court

City State Zip Code
Oshkosh WI 54901-2581

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

Name of Employer Jon P Gruenstern Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1153-15-1

Amount of Each Receipt this Period
42.00

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: PAGE 137 / 439
(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 (Last, First, Middle Initial) Thomas C. Guay		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address W73 N377 Mulberry Avenue		Transaction ID: 20090309-1891-16-0
City Cedarburg	State WI	Zip Code 53012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
Name of Employer NML	Occupation VP-New Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	

B.

Full Name (Last, First, Middle Initial) Thomas C. Guay		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address W73 N377 Mulberry Avenue		Transaction ID: 20090330-661-16-0
City Cedarburg	State WI	Zip Code 53012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
Name of Employer NML	Occupation VP-New Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	

C.

Full Name (Last, First, Middle Initial) Thomas C. Guay		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address W73 N377 Mulberry Avenue		Transaction ID: 20090413-661-12-0
City Cedarburg	State WI	Zip Code 53012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
Name of Employer NML	Occupation VP-New Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.00	

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

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

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

FOR LINE NUMBER: PAGE 138 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-663-11-0

Amount of Each Receipt this Period 57.00

B. Full Name (Last, First, Middle Initial)
Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-663-12-0

Amount of Each Receipt this Period 57.00

C. Full Name (Last, First, Middle Initial)
Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-662-15-0

Amount of Each Receipt this Period 57.00

SUBTOTAL of Receipts This Page (optional) ► 171.00

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

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

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

FOR LINE NUMBER: PAGE 139 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-661-8-27

Amount of Each Receipt this Period 57.00

B. Full Name (Last, First, Middle Initial)
Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-657-17-0

Amount of Each Receipt this Period 57.00

C. Full Name (Last, First, Middle Initial)
Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-658-15-0

Amount of Each Receipt this Period 57.00

SUBTOTAL of Receipts This Page (optional) ► 171.00

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

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

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

FOR LINE NUMBER: PAGE 140 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City Binghamton State NY Zip Code 13901-6109

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

Name of Employer Guinan Fncl Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 15 / 2009

Transaction ID: 20090330-1210-16-1

Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City Binghamton State NY Zip Code 13901-6109

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

Name of Employer Guinan Fncl Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009

Transaction ID: 20090413-1210-12-1

Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City Binghamton State NY Zip Code 13901-6109

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

Name of Employer Guinan Fncl Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2009

Transaction ID: 20090424-1210-11-0

Amount of Each Receipt this Period 42.00

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: PAGE 141 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City Binghamton State NY Zip Code 13901-6109

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

Name of Employer Guinan Fncl Grp LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-1210-12-0

Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City Binghamton State NY Zip Code 13901-6109

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

Name of Employer Guinan Fncl Grp LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1208-15-1

Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Stephen T Guinan

Mailing Address 56 Country Knoll Drive

City Binghamton State NY Zip Code 13901-6109

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

Name of Employer Guinan Fncl Grp LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1206-8-27

Amount of Each Receipt this Period 42.00

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 142 / 439
	<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 (Last, First, Middle Initial) Stephen T Guinan	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 56 Country Knoll Drive	Transaction ID: 20090701-1197-17-1
	City State Zip Code Binghamton NY 13901-6109	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Guinan Fncl Grp LLC Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.	Full Name (Last, First, Middle Initial) Stephen T Guinan	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 56 Country Knoll Drive	Transaction ID: 20090710-1199-15-1
	City State Zip Code Binghamton NY 13901-6109	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Guinan Fncl Grp LLC Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

C.	Full Name (Last, First, Middle Initial) Kevin J Hassan	Date of Receipt MM / DD / YYYY 01 / 30 / 2009
	Mailing Address 804 Montparnasse Place	Transaction ID: 20090206-1186-16-1
	City State Zip Code Newtown Sq PA 19073-2623	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hassan Group LLC Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	209.00
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 143 / 439
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Kevin J Hassan</p> <p>Mailing Address 804 Montparnasse Place</p> <p>City State Zip Code Newtown Sq PA 19073-2623</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hassan Group LLC Occupation Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 13 / 2009</p> <p>Transaction ID: 20090309-1184-15-1</p> <p>Amount of Each Receipt this Period 125.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Kevin J Hassan</p> <p>Mailing Address 804 Montparnasse Place</p> <p>City State Zip Code Newtown Sq PA 19073-2623</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hassan Group LLC Occupation Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2009</p> <p>Transaction ID: 20090309-2416-16-1</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Kevin J Hassan</p> <p>Mailing Address 804 Montparnasse Place</p> <p>City State Zip Code Newtown Sq PA 19073-2623</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hassan Group LLC Occupation Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 15 / 2009</p> <p>Transaction ID: 20090330-1185-16-1</p> <p>Amount of Each Receipt this Period 125.00</p>
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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: PAGE 144 / 439

(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 (Last, First, Middle Initial) Kevin J Hassan		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 804 Montparnasse Place		Transaction ID: 20090413-1185-12-1		
	City Newtown Sq	State PA	Zip Code 19073-2623	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hassan Group LLC	Occupation Special Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1500.00

B.	Full Name (Last, First, Middle Initial) Kevin J Hassan		Date of Receipt MM / DD / YYYY 04 / 15 / 2009		
	Mailing Address 804 Montparnasse Place		Transaction ID: 20090424-1185-11-0		
	City Newtown Sq	State PA	Zip Code 19073-2623	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hassan Group LLC	Occupation Special Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1500.00

C.	Full Name (Last, First, Middle Initial) Kevin J Hassan		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address 804 Montparnasse Place		Transaction ID: 20090501-1185-12-0		
	City Newtown Sq	State PA	Zip Code 19073-2623	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hassan Group LLC	Occupation Special Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1500.00

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: PAGE 145 / 439
(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 (Last, First, Middle Initial) Kevin J Hassan		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 804 Montparnasse Place		Transaction ID: 20090518-1183-15-1
City Newtown Sq	State PA	Zip Code 19073-2623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Hassan Group LLC	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Kevin J Hassan		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 804 Montparnasse Place		Transaction ID: 20090602-1181-8-27
City Newtown Sq	State PA	Zip Code 19073-2623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Hassan Group LLC	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Kevin J Hassan		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 804 Montparnasse Place		Transaction ID: 20090701-1172-17-1
City Newtown Sq	State PA	Zip Code 19073-2623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Hassan Group LLC	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 146 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kevin J Hassan
 Mailing Address 804 Montparnasse Place
 City State Zip Code
 Newtown Sq PA 19073-2623
 Date of Receipt
 M M / D D / Y Y Y Y
 06 30 2009
Transaction ID: 20090710-1174-15-1
 Amount of Each Receipt this Period
 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hassan Group LLC Occupation Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

B. Full Name (Last, First, Middle Initial)
Mark J Heurung
 Mailing Address 18443 Melissa Circle
 City State Zip Code
 Eden Prairie MN 55347-1058
 Date of Receipt
 M M / D D / Y Y Y Y
 02 13 2009
Transaction ID: 20090309-1208-15-1
 Amount of Each Receipt this Period
 75.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

C. Full Name (Last, First, Middle Initial)
Mark J Heurung
 Mailing Address 18443 Melissa Circle
 City State Zip Code
 Eden Prairie MN 55347-1058
 Date of Receipt
 M M / D D / Y Y Y Y
 02 28 2009
Transaction ID: 20090309-2440-16-1
 Amount of Each Receipt this Period
 75.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

SUBTOTAL of Receipts This Page (optional) ► 275.00
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 147 / 439
(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 (Last, First, Middle Initial)
Mark J Heurung

Mailing Address 18443 Melissa Circle

City State Zip Code
Eden Prairie MN 55347-1058

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1209-16-1

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Mark J Heurung

Mailing Address 18443 Melissa Circle

City State Zip Code
Eden Prairie MN 55347-1058

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1209-12-1

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Mark J Heurung

Mailing Address 18443 Melissa Circle

City State Zip Code
Eden Prairie MN 55347-1058

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1209-11-0

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 439
(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 (Last, First, Middle Initial)
Mark J Heurung

Mailing Address 18443 Melissa Circle

City State Zip Code
Eden Prairie MN 55347-1058

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1209-12-0

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Mark J Heurung

Mailing Address 18443 Melissa Circle

City State Zip Code
Eden Prairie MN 55347-1058

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1207-15-1

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Mark J Heurung

Mailing Address 18443 Melissa Circle

City State Zip Code
Eden Prairie MN 55347-1058

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1205-8-27

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ **225.00**

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

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

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

FOR LINE NUMBER: PAGE 149 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mark J Heurung
Mailing Address 18443 Melissa Circle
City Eden Prairie State MN Zip Code 55347-1058
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-1196-17-1
Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Mark J Heurung
Mailing Address 18443 Melissa Circle
City Eden Prairie State MN Zip Code 55347-1058
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-1198-15-1
Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
Gary M. Hewitt
Mailing Address 2045 Elm Tree Road
City Elm Grove State WI Zip Code 53122-1117
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Treas & Inv Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 948.00
Date of Receipt 02 / 13 / 2009
Transaction ID: 20090309-929-15-0
Amount of Each Receipt this Period 79.00

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: PAGE 150 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Gary M. Hewitt		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 2045 Elm Tree Road		Transaction ID: 20090309-2161-16-0
City Elm Grove	State WI	Zip Code 53122-1117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.00
Name of Employer NML	Occupation VP Treas & Inv Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 948.00	

B.

Full Name (Last, First, Middle Initial) Gary M. Hewitt		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 2045 Elm Tree Road		Transaction ID: 20090330-931-16-0
City Elm Grove	State WI	Zip Code 53122-1117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.00
Name of Employer NML	Occupation VP Treas & Inv Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 948.00	

C.

Full Name (Last, First, Middle Initial) Gary M. Hewitt		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 2045 Elm Tree Road		Transaction ID: 20090413-931-12-0
City Elm Grove	State WI	Zip Code 53122-1117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.00
Name of Employer NML	Occupation VP Treas & Inv Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 948.00	

SUBTOTAL of Receipts This Page (optional)	▶	237.00
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 151 / 439
(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 (Last, First, Middle Initial)
Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City State Zip Code
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 948.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-932-11-0

Amount of Each Receipt this Period
79.00

B.

Full Name (Last, First, Middle Initial)
Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City State Zip Code
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 948.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-932-12-0

Amount of Each Receipt this Period
79.00

C.

Full Name (Last, First, Middle Initial)
Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City State Zip Code
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 948.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-931-15-0

Amount of Each Receipt this Period
79.00

SUBTOTAL of Receipts This Page (optional) ► **237.00**

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 152 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary M. Hewitt
Mailing Address 2045 Elm Tree Road
City Elm Grove State WI Zip Code 53122-1117
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Treas & Inv Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 948.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-930-8-27
Amount of Each Receipt this Period 79.00

B. Full Name (Last, First, Middle Initial)
Gary M. Hewitt
Mailing Address 2045 Elm Tree Road
City Elm Grove State WI Zip Code 53122-1117
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Treas & Inv Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 948.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-924-17-0
Amount of Each Receipt this Period 79.00

C. Full Name (Last, First, Middle Initial)
Gary M. Hewitt
Mailing Address 2045 Elm Tree Road
City Elm Grove State WI Zip Code 53122-1117
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Treas & Inv Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 948.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-926-15-0
Amount of Each Receipt this Period 79.00

SUBTOTAL of Receipts This Page (optional) ▶ 237.00
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 153 / 439

(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 (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1215-16-1

Amount of Each Receipt this Period 42.00

B.

Full Name (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1215-12-1

Amount of Each Receipt this Period 42.00

C.

Full Name (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1215-11-0

Amount of Each Receipt this Period 42.00

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: PAGE 154 / 439
(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 (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

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

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1215-12-0

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

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

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1213-15-1

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

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

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1211-8-27

Amount of Each Receipt this Period
42.00

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: PAGE 155 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

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

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2009

Transaction ID: 20090701-1202-17-1

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Steve H Holter

Mailing Address 11390 N Creekside Court

City State Zip Code
Mequon WI 53092-4377

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

Name of Employer Occupation
The Holter Agency Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: 20090710-1204-15-1

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Harry P Hoopis

Mailing Address 1133 Elmtree Road

City State Zip Code
Lake Forest IL 60045-1413

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

Name of Employer Occupation
Harry P Hoopis General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 15 / 2009

Transaction ID: 20090123-4702-15-58

Amount of Each Receipt this Period
208.00

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: PAGE 156 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Harry P Hoopis

Mailing Address 1133 Elmtree Road

City State Zip Code
Lake Forest IL 60045-1413

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

Name of Employer Harry P Hoopis Occupation General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: 20090206-1158-16-1

Amount of Each Receipt this Period
208.00

B. Full Name (Last, First, Middle Initial)
Harry P Hoopis

Mailing Address 1133 Elmtree Road

City State Zip Code
Lake Forest IL 60045-1413

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

Name of Employer Harry P Hoopis Occupation General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: 20090309-1156-15-1

Amount of Each Receipt this Period
208.00

C. Full Name (Last, First, Middle Initial)
Harry P Hoopis

Mailing Address 1133 Elmtree Road

City State Zip Code
Lake Forest IL 60045-1413

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

Name of Employer Harry P Hoopis Occupation General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

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

Transaction ID: 20090309-2388-16-1

Amount of Each Receipt this Period
208.00

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: PAGE 157 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Harry P Hoopis
Mailing Address 1133 Elmtree Road
City Lake Forest State IL Zip Code 60045-1413
FEC ID number of contributing federal political committee. **C**
Name of Employer Harry P Hoopis Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-1157-16-1
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Harry P Hoopis
Mailing Address 1133 Elmtree Road
City Lake Forest State IL Zip Code 60045-1413
FEC ID number of contributing federal political committee. **C**
Name of Employer Harry P Hoopis Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-1157-12-1
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Harry P Hoopis
Mailing Address 1133 Elmtree Road
City Lake Forest State IL Zip Code 60045-1413
FEC ID number of contributing federal political committee. **C**
Name of Employer Harry P Hoopis Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 04 / 15 / 2009
Transaction ID: 20090424-1157-11-0
Amount of Each Receipt this Period 208.00

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: PAGE 158 / 439
(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 (Last, First, Middle Initial) Harry P Hoopis		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 1133 Elmtree Road		Transaction ID: 20090501-1157-12-0
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Harry P Hoopis	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Harry P Hoopis		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 1133 Elmtree Road		Transaction ID: 20090518-1155-15-1
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Harry P Hoopis	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Harry P Hoopis		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 1133 Elmtree Road		Transaction ID: 20090602-1153-8-27
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Harry P Hoopis	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 159 / 439
(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 (Last, First, Middle Initial) Harry P Hoopis		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 1133 Elmtree Road		Transaction ID: 20090701-1144-17-1
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Harry P Hoopis	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Harry P Hoopis		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1133 Elmtree Road		Transaction ID: 20090710-1146-15-1
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Harry P Hoopis	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Scott Iodice		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 5612 Enderly Road		Transaction ID: 20090206-1193-16-1
City Baltimore	State MD	Zip Code 21212-2939
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 160 / 439
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Scott Iodice</p> <p>Mailing Address 5612 Enderly Road</p> <p>City State Zip Code Baltimore MD 21212-2939</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 13 / 2009</p> <p>Transaction ID: 20090309-1191-15-1</p> <p>Amount of Each Receipt this Period 125.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Scott Iodice</p> <p>Mailing Address 5612 Enderly Road</p> <p>City State Zip Code Baltimore MD 21212-2939</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2009</p> <p>Transaction ID: 20090309-2423-16-1</p> <p>Amount of Each Receipt this Period 125.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Scott Iodice</p> <p>Mailing Address 5612 Enderly Road</p> <p>City State Zip Code Baltimore MD 21212-2939</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 15 / 2009</p> <p>Transaction ID: 20090330-1192-16-1</p> <p>Amount of Each Receipt this Period 125.00</p>
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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: PAGE 161 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Scott Iodice

Mailing Address 5612 Enderly Road

City Baltimore State MD Zip Code 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-1192-12-1
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Scott Iodice

Mailing Address 5612 Enderly Road

City Baltimore State MD Zip Code 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 15 / 2009
Transaction ID: 20090424-1192-11-0
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Scott Iodice

Mailing Address 5612 Enderly Road

City Baltimore State MD Zip Code 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 30 / 2009
Transaction ID: 20090501-1192-12-0
Amount of Each Receipt this Period 125.00

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: PAGE 162 / 439
(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 (Last, First, Middle Initial)
Scott Iodice

Mailing Address 5612 Enderly Road

City State Zip Code
Baltimore MD 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: 20090518-1190-15-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
Scott Iodice

Mailing Address 5612 Enderly Road

City State Zip Code
Baltimore MD 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1188-8-27

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
Scott Iodice

Mailing Address 5612 Enderly Road

City State Zip Code
Baltimore MD 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1179-17-1

Amount of Each Receipt this Period

125.00

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: PAGE 163 / 439
(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 (Last, First, Middle Initial)
Scott Iodice

Mailing Address 5612 Enderly Road

City State Zip Code
Baltimore MD 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: 20090710-1181-15-1

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City State Zip Code
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 912.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 13 / 2009

Transaction ID: 20090309-959-15-0

Amount of Each Receipt this Period

76.00

C.

Full Name (Last, First, Middle Initial)
Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City State Zip Code
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 912.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 28 / 2009

Transaction ID: 20090309-2191-16-0

Amount of Each Receipt this Period

76.00

SUBTOTAL of Receipts This Page (optional) ▶

277.00

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 164 / 439
(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 (Last, First, Middle Initial)
Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-961-16-0

Amount of Each Receipt this Period 76.00

B.

Full Name (Last, First, Middle Initial)
Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-961-12-0

Amount of Each Receipt this Period 76.00

C.

Full Name (Last, First, Middle Initial)
Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-962-11-0

Amount of Each Receipt this Period 76.00

SUBTOTAL of Receipts This Page (optional) ► **228.00**

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 165 / 439
(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 (Last, First, Middle Initial) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address 23702 Champe Ford Road		Transaction ID: 20090501-962-12-0		
	City Middleburg	State VA	Zip Code 20117-2940	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director-Field Production			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 912.00			

B.	Full Name (Last, First, Middle Initial) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 23702 Champe Ford Road		Transaction ID: 20090518-961-15-0		
	City Middleburg	State VA	Zip Code 20117-2940	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director-Field Production			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 912.00			

C.	Full Name (Last, First, Middle Initial) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 05 / 31 / 2009		
	Mailing Address 23702 Champe Ford Road		Transaction ID: 20090602-959-8-27		
	City Middleburg	State VA	Zip Code 20117-2940	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director-Field Production			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 912.00			

SUBTOTAL of Receipts This Page (optional) ▶

228.00

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 166 / 439
(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 (Last, First, Middle Initial)
Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-953-17-0

Amount of Each Receipt this Period 76.00

B.

Full Name (Last, First, Middle Initial)
Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-955-15-0

Amount of Each Receipt this Period 76.00

C.

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

Mailing Address 4 Heidi Lane

City Mount Sinai State NY Zip Code 11766-1427

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

Name of Employer Adam S Kaufman Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1179-15-1

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 202.00

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 167 / 439
(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 (Last, First, Middle Initial)
Adam S Kaufman

Mailing Address 4 Heidi Lane

City State Zip Code
Mount Sinai NY 11766-1427

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

Name of Employer Adam S Kaufman Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1177-8-27

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4 Heidi Lane

City State Zip Code
Mount Sinai NY 11766-1427

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

Name of Employer Adam S Kaufman Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1168-17-1

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4 Heidi Lane

City State Zip Code
Mount Sinai NY 11766-1427

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

Name of Employer Adam S Kaufman Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1170-15-1

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 168 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Kelley Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1222-16-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Kelley Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1222-12-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Kelley Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1222-11-0

Amount of Each Receipt this Period
42.00

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: PAGE 169 / 439
(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 (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Kelley Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1222-12-0

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Kelley Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1220-15-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Kelley Fncl Grp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1218-8-27

Amount of Each Receipt this Period
42.00

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: PAGE 170 / 439
(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 (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Occupation
Kelley Fncl Grp Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: 20090701-1209-17-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Shawn F Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Occupation
Kelley Fncl Grp Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: 20090710-1211-15-1

Amount of Each Receipt this Period

42.00

C.

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

Mailing Address 5806 N Kent Avenue

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer Occupation
NML VP & Controller

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 732.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 28 / 2009

Transaction ID: 20090309-1862-16-0

Amount of Each Receipt this Period

61.00

SUBTOTAL of Receipts This Page (optional) ▶

145.00

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 171 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John C. Kelly
Mailing Address 5806 N Kent Avenue
City Whitefish Bay State WI Zip Code 53217-4612
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Controller
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 732.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-632-16-0
Amount of Each Receipt this Period 61.00

B. Full Name (Last, First, Middle Initial)
John C. Kelly
Mailing Address 5806 N Kent Avenue
City Whitefish Bay State WI Zip Code 53217-4612
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Controller
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 732.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-632-12-0
Amount of Each Receipt this Period 61.00

C. Full Name (Last, First, Middle Initial)
John C. Kelly
Mailing Address 5806 N Kent Avenue
City Whitefish Bay State WI Zip Code 53217-4612
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Controller
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 732.00
Date of Receipt 04 / 15 / 2009
Transaction ID: 20090424-634-11-0
Amount of Each Receipt this Period 61.00

SUBTOTAL of Receipts This Page (optional) ► 183.00
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 172 / 439
(check only one)

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

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.

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

Mailing Address 5806 N Kent Avenue

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 732.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-634-12-0

Amount of Each Receipt this Period
61.00

B.

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

Mailing Address 5806 N Kent Avenue

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 732.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-633-15-0

Amount of Each Receipt this Period
61.00

C.

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

Mailing Address 5806 N Kent Avenue

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 732.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-632-8-27

Amount of Each Receipt this Period
61.00

SUBTOTAL of Receipts This Page (optional) ► **183.00**

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 173 / 439
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) John C. Kelly		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 5806 N Kent Avenue		Transaction ID: 20090701-629-17-0		
	City Whitefish Bay	State WI	Zip Code 53217-4612	Amount of Each Receipt this Period 61.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP & Controller			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 732.00			

B.	Full Name (Last, First, Middle Initial) John C. Kelly		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 5806 N Kent Avenue		Transaction ID: 20090710-630-15-0		
	City Whitefish Bay	State WI	Zip Code 53217-4612	Amount of Each Receipt this Period 61.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP & Controller			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 732.00			

C.	Full Name (Last, First, Middle Initial) Troy B Kemelgor		Date of Receipt MM / DD / YYYY 03 / 15 / 2009		
	Mailing Address 8930 Dunn Court		Transaction ID: 20090330-1221-16-1		
	City Dublin	State OH	Zip Code 43017-8880	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Troy B Kemelgor	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

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: PAGE 174 / 439
(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 (Last, First, Middle Initial)
Troy B Kemelgor

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

Name of Employer Troy B Kemelgor Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 20090413-1221-12-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Troy B Kemelgor

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

Name of Employer Troy B Kemelgor Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-1221-11-0

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Troy B Kemelgor

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

Name of Employer Troy B Kemelgor Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1221-12-0

Amount of Each Receipt this Period
42.00

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: PAGE 175 / 439
(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 (Last, First, Middle Initial)
Troy B Kemelgor

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

Name of Employer Occupation
Troy B Kemelgor General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

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

Transaction ID: 20090518-1219-15-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Troy B Kemelgor

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

Name of Employer Occupation
Troy B Kemelgor General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1217-8-27

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)
Troy B Kemelgor

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

Name of Employer Occupation
Troy B Kemelgor General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1208-17-1

Amount of Each Receipt this Period

42.00

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: PAGE 176 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

Name of Employer Occupation
Troy B Kemelgor General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-1210-15-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Occupation
Robert H Kerrigan Jr General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 20090206-1229-16-1

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Occupation
Robert H Kerrigan Jr General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 20090309-1227-15-1

Amount of Each Receipt this Period

125.00

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: PAGE 177 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert H Kerrigan, Jr.
Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2459-16-1

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Robert H Kerrigan, Jr.
Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1227-16-1

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Robert H Kerrigan, Jr.
Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1227-12-1

Amount of Each Receipt this Period
125.00

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: PAGE 178 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Robert H Kerrigan, Jr.
Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9
Transaction ID: 20090424-1227-11-0
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Robert H Kerrigan, Jr.
Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9
Transaction ID: 20090501-1227-12-0
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Robert H Kerrigan, Jr.
Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9
Transaction ID: 20090518-1225-15-1
Amount of Each Receipt this Period 125.00

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: PAGE 179 / 439
(check only one)

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

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

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

A.

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

Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1223-8-27

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1214-17-1

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 1457 N Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Robert H Kerrigan Jr Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1216-15-1

Amount of Each Receipt this Period
125.00

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: PAGE 180 / 439
(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 (Last, First, Middle Initial)
William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code
Jacksonville FL 32224-5621

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

Name of Employer Occupation
William S Koch General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1179-15-1

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code
Jacksonville FL 32224-5621

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

Name of Employer Occupation
William S Koch General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2411-16-1

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code
Jacksonville FL 32224-5621

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

Name of Employer Occupation
William S Koch General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1180-16-1

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 181 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) William S Koch</p> <p>Mailing Address 4645 Swilcan Bridge Lane S</p> <p>City State Zip Code Jacksonville FL 32224-5621</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation William S Koch General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 31 / 2009</p> <p>Transaction ID: 20090413-1180-12-1</p> <p>Amount of Each Receipt this Period 75.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) William S Koch</p> <p>Mailing Address 4645 Swilcan Bridge Lane S</p> <p>City State Zip Code Jacksonville FL 32224-5621</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation William S Koch General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 15 / 2009</p> <p>Transaction ID: 20090424-1180-11-0</p> <p>Amount of Each Receipt this Period 75.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) William S Koch</p> <p>Mailing Address 4645 Swilcan Bridge Lane S</p> <p>City State Zip Code Jacksonville FL 32224-5621</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation William S Koch General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 30 / 2009</p> <p>Transaction ID: 20090501-1180-12-0</p> <p>Amount of Each Receipt this Period 75.00</p>
---	---

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 182 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) William S Koch		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 4645 Swilcan Bridge Lane S		Transaction ID: 20090518-1178-15-1
City Jacksonville	State FL	Zip Code 32224-5621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer William S Koch	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.

Full Name (Last, First, Middle Initial) William S Koch		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 4645 Swilcan Bridge Lane S		Transaction ID: 20090602-1176-8-27
City Jacksonville	State FL	Zip Code 32224-5621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer William S Koch	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) William S Koch		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 4645 Swilcan Bridge Lane S		Transaction ID: 20090701-1167-17-1
City Jacksonville	State FL	Zip Code 32224-5621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer William S Koch	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 439
(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 (Last, First, Middle Initial)
William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code
Jacksonville FL 32224-5621

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

Name of Employer Occupation
William S Koch General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1169-15-1

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
William C. Koenig

Mailing Address 541 E Erie Street Unit 4

City State Zip Code
Milwaukee WI 53202-6236

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

Name of Employer Occupation
NML Svp & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1284.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-594-16-0

Amount of Each Receipt this Period
107.00

C.

Full Name (Last, First, Middle Initial)
William C. Koenig

Mailing Address 541 E Erie Street Unit 4

City State Zip Code
Milwaukee WI 53202-6236

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

Name of Employer Occupation
NML Svp & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1284.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-592-15-0

Amount of Each Receipt this Period
107.00

SUBTOTAL of Receipts This Page (optional) ► **289.00**

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 184 / 439
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) William C. Koenig		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 541 E Erie Street Unit 4		Transaction ID: 20090309-1824-16-0
City Milwaukee	State WI	Zip Code 53202-6236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 107.00
Name of Employer NML	Occupation Svp & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.00	

B.

Full Name (Last, First, Middle Initial) William C. Koenig		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 541 E Erie Street Unit 4		Transaction ID: 20090330-594-16-0
City Milwaukee	State WI	Zip Code 53202-6236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 107.00
Name of Employer NML	Occupation Svp & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.00	

C.

Full Name (Last, First, Middle Initial) William C. Koenig		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 541 E Erie Street Unit 4		Transaction ID: 20090413-594-12-0
City Milwaukee	State WI	Zip Code 53202-6236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 107.00
Name of Employer NML	Occupation Svp & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.00	

SUBTOTAL of Receipts This Page (optional)	▶	321.00
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 185 / 439
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) William C. Koenig		Date of Receipt MM / DD / YYYY 04 / 15 / 2009	
Mailing Address 541 E Erie Street Unit 4		Transaction ID: 20090424-596-11-0	
City Milwaukee	State WI	Zip Code 53202-6236	Amount of Each Receipt this Period 107.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp & Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.00		

B.

Full Name (Last, First, Middle Initial) William C. Koenig		Date of Receipt MM / DD / YYYY 04 / 30 / 2009	
Mailing Address 541 E Erie Street Unit 4		Transaction ID: 20090501-596-12-0	
City Milwaukee	State WI	Zip Code 53202-6236	Amount of Each Receipt this Period 107.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp & Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.00		

C.

Full Name (Last, First, Middle Initial) William C. Koenig		Date of Receipt MM / DD / YYYY 05 / 15 / 2009	
Mailing Address 541 E Erie Street Unit 4		Transaction ID: 20090518-595-15-0	
City Milwaukee	State WI	Zip Code 53202-6236	Amount of Each Receipt this Period 107.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Svp & Chief Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.00		

SUBTOTAL of Receipts This Page (optional)	▶	321.00
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 186 / 439
(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 (Last, First, Middle Initial)
William C. Koenig

Mailing Address 541 E Erie Street Unit 4

City Milwaukee State WI Zip Code 53202-6236

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

Name of Employer NML Occupation Svp & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1284.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-594-8-27

Amount of Each Receipt this Period 107.00

B.

Full Name (Last, First, Middle Initial)
William C. Koenig

Mailing Address 541 E Erie Street Unit 4

City Milwaukee State WI Zip Code 53202-6236

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

Name of Employer NML Occupation Svp & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1284.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-591-17-0

Amount of Each Receipt this Period 107.00

C.

Full Name (Last, First, Middle Initial)
William C. Koenig

Mailing Address 541 E Erie Street Unit 4

City Milwaukee State WI Zip Code 53202-6236

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

Name of Employer NML Occupation Svp & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1284.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-592-15-0

Amount of Each Receipt this Period 107.00

SUBTOTAL of Receipts This Page (optional) ► **321.00**

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 187 / 439

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1062-15-0

Amount of Each Receipt this Period 77.00

B.

Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2294-16-0

Amount of Each Receipt this Period 77.00

C.

Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1064-16-0

Amount of Each Receipt this Period 77.00

SUBTOTAL of Receipts This Page (optional) 231.00

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 188 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1064-12-0

Amount of Each Receipt this Period
77.00

B.

Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1065-11-0

Amount of Each Receipt this Period
77.00

C.

Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1065-12-0

Amount of Each Receipt this Period
77.00

SUBTOTAL of Receipts This Page (optional) ► **231.00**

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 189 / 439
(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 (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1064-15-0

Amount of Each Receipt this Period
77.00

B. Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1062-8-27

Amount of Each Receipt this Period
77.00

C. Full Name (Last, First, Middle Initial)
John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Enterprise Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1055-17-0

Amount of Each Receipt this Period
77.00

SUBTOTAL of Receipts This Page (optional) ► **231.00**

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 190 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John L. Kordsmeier
 Mailing Address 2522 W Daphne Road
 City State Zip Code
 Glendale WI 53209-3352
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2009
Transaction ID: 20090710-1057-15-0
 Amount of Each Receipt this Period
 77.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Enterprise Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

B. Full Name (Last, First, Middle Initial)
Steven H Kosnick
 Mailing Address 5799 Windsona Circle
 City State Zip Code
 Fitchburg WI 53711-5839
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2009
Transaction ID: 20090330-1174-16-1
 Amount of Each Receipt this Period
 42.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kosnick and Assoc Inc Occupation Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

C. Full Name (Last, First, Middle Initial)
Steven H Kosnick
 Mailing Address 5799 Windsona Circle
 City State Zip Code
 Fitchburg WI 53711-5839
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2009
Transaction ID: 20090413-1174-12-1
 Amount of Each Receipt this Period
 42.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kosnick and Assoc Inc Occupation Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

SUBTOTAL of Receipts This Page (optional) ► 161.00
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 191 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Steven H Kosnick</p> <p>Mailing Address 5799 Windsona Circle</p> <p>City State Zip Code Fitchburg WI 53711-5839</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kosnick and Assoc Inc Occupation: Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 504.00</p>	<p>Date of Receipt 04 / 15 / 2009</p> <p>Transaction ID: 20090424-1174-11-0</p> <p>Amount of Each Receipt this Period 42.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Steven H Kosnick</p> <p>Mailing Address 5799 Windsona Circle</p> <p>City State Zip Code Fitchburg WI 53711-5839</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kosnick and Assoc Inc Occupation: Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 504.00</p>	<p>Date of Receipt 04 / 30 / 2009</p> <p>Transaction ID: 20090501-1174-12-0</p> <p>Amount of Each Receipt this Period 42.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Steven H Kosnick</p> <p>Mailing Address 5799 Windsona Circle</p> <p>City State Zip Code Fitchburg WI 53711-5839</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kosnick and Assoc Inc Occupation: Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 504.00</p>	<p>Date of Receipt 05 / 15 / 2009</p> <p>Transaction ID: 20090518-1172-15-1</p> <p>Amount of Each Receipt this Period 42.00</p>
---	--

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: PAGE 192 / 439
(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 (Last, First, Middle Initial)
Steven H Kosnick

Mailing Address 5799 Windsona Circle

City State Zip Code
Fitchburg WI 53711-5839

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

Name of Employer: Kosnick and Assoc Inc
Occupation: Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1170-8-27

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Steven H Kosnick

Mailing Address 5799 Windsona Circle

City State Zip Code
Fitchburg WI 53711-5839

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

Name of Employer: Kosnick and Assoc Inc
Occupation: Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1161-17-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Steven H Kosnick

Mailing Address 5799 Windsona Circle

City State Zip Code
Fitchburg WI 53711-5839

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

Name of Employer: Kosnick and Assoc Inc
Occupation: Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1163-15-1

Amount of Each Receipt this Period
42.00

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: PAGE 193 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Carol L. Kracht

Mailing Address 449 E Cedar Lane

City State Zip Code
Mequon WI 53092-6102

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

Name of Employer Occupation
NML VP Dep Gc & Inv Cns

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-995-11-0

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)
Carol L. Kracht

Mailing Address 449 E Cedar Lane

City State Zip Code
Mequon WI 53092-6102

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

Name of Employer Occupation
NML VP Dep Gc & Inv Cns

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-995-12-0

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)
Carol L. Kracht

Mailing Address 449 E Cedar Lane

City State Zip Code
Mequon WI 53092-6102

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

Name of Employer Occupation
NML VP Dep Gc & Inv Cns

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.00

Date of Receipt

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

Transaction ID: 20090518-994-15-0

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional) ▶

96.00

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 194 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carol L. Kracht
Mailing Address 449 E Cedar Lane
City Mequon State WI Zip Code 53092-6102
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Dep Gc & Inv Cns
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-992-8-27
Amount of Each Receipt this Period 32.00

B. Full Name (Last, First, Middle Initial)
Carol L. Kracht
Mailing Address 449 E Cedar Lane
City Mequon State WI Zip Code 53092-6102
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Dep Gc & Inv Cns
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-986-17-0
Amount of Each Receipt this Period 32.00

C. Full Name (Last, First, Middle Initial)
Carol L. Kracht
Mailing Address 449 E Cedar Lane
City Mequon State WI Zip Code 53092-6102
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Dep Gc & Inv Cns
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-988-15-0
Amount of Each Receipt this Period 32.00

SUBTOTAL of Receipts This Page (optional) ► 96.00
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 195 / 439
(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 (Last, First, Middle Initial)
Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code
Naples FL 34109-7826

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

Name of Employer South Florida Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1217-16-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code
Naples FL 34109-7826

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

Name of Employer South Florida Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1217-12-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code
Naples FL 34109-7826

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

Name of Employer South Florida Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1217-11-0

Amount of Each Receipt this Period
42.00

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 196 / 439
	<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 (Last, First, Middle Initial) Michael K Lawhon	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 6952 Burnt Sienna Circle	Transaction ID: 20090501-1217-12-0
	City State Zip Code Naples FL 34109-7826	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation South Florida Grp LLC Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.	Full Name (Last, First, Middle Initial) Michael K Lawhon	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 6952 Burnt Sienna Circle	Transaction ID: 20090518-1215-15-1
	City State Zip Code Naples FL 34109-7826	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation South Florida Grp LLC Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

C.	Full Name (Last, First, Middle Initial) Michael K Lawhon	Date of Receipt MM / DD / YYYY 05 / 31 / 2009
	Mailing Address 6952 Burnt Sienna Circle	Transaction ID: 20090602-1213-8-27
	City State Zip Code Naples FL 34109-7826	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation South Florida Grp LLC Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

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: PAGE 197 / 439
(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 (Last, First, Middle Initial)
Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code
Naples FL 34109-7826

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

Name of Employer South Florida Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1204-17-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code
Naples FL 34109-7826

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

Name of Employer South Florida Grp LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1206-15-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Werner Loots

Mailing Address 121 W Chestnut Street

City State Zip Code
Chicago IL 60610-3175

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-621-11-0

Amount of Each Receipt this Period
33.00

SUBTOTAL of Receipts This Page (optional) ► **117.00**

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 198 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Werner Loots

Mailing Address 121 W Chestnut Street

City State Zip Code
Chicago IL 60610-3175

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-621-12-0

Amount of Each Receipt this Period
33.00

B.

Full Name (Last, First, Middle Initial)
Werner Loots

Mailing Address 121 W Chestnut Street

City State Zip Code
Chicago IL 60610-3175

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-620-15-0

Amount of Each Receipt this Period
33.00

C.

Full Name (Last, First, Middle Initial)
Werner Loots

Mailing Address 121 W Chestnut Street

City State Zip Code
Chicago IL 60610-3175

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-619-8-27

Amount of Each Receipt this Period
33.00

SUBTOTAL of Receipts This Page (optional) ► **99.00**

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 199 / 439
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Werner Loots		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 121 W Chestnut Street		Transaction ID: 20090701-616-17-0
	City Chicago	State IL	Zip Code 60610-3175
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.00
	Name of Employer NML	Occupation Rvp Fld Supv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 396.00	

B.	Full Name (Last, First, Middle Initial) Werner Loots		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 121 W Chestnut Street		Transaction ID: 20090710-617-15-0
	City Chicago	State IL	Zip Code 60610-3175
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.00
	Name of Employer NML	Occupation Rvp Fld Supv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 396.00	

C.	Full Name (Last, First, Middle Initial) Robert D Lowrey		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 1108 W Goldthread Circle		Transaction ID: 20090330-1179-16-1
	City Sioux Falls	State SD	Zip Code 57108-2824
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
	Name of Employer Robert D Lowrey	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 200 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Robert D Lowrey Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1179-12-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Robert D Lowrey Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1179-11-0

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Robert D Lowrey Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1179-12-0

Amount of Each Receipt this Period
42.00

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: PAGE 201 / 439
(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 (Last, First, Middle Initial)
Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Robert D Lowrey Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1177-15-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Robert D Lowrey Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1175-8-27

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Robert D Lowrey Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1166-17-1

Amount of Each Receipt this Period
42.00

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: PAGE 202 / 439
(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 (Last, First, Middle Initial) Robert D Lowrey		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1108 W Goldthread Circle		Transaction ID: 20090710-1168-15-1
City Sioux Falls	State SD	Zip Code 57108-2824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Robert D Lowrey	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.

Full Name (Last, First, Middle Initial) Susan A. Lueger		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 4317 N Stowell Avenue		Transaction ID: 20090309-1851-16-0
City Shorewood	State WI	Zip Code 53211-1748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NML	Occupation VP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

C.

Full Name (Last, First, Middle Initial) Susan A. Lueger		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 4317 N Stowell Avenue		Transaction ID: 20090330-621-16-0
City Shorewood	State WI	Zip Code 53211-1748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NML	Occupation VP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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: PAGE 203 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Susan A. Lueger
 Mailing Address 4317 N Stowell Avenue
 City Shorewood State WI Zip Code 53211-1748
 Date of Receipt 03 / 31 / 2009
 Transaction ID: 20090413-621-12-0
 Amount of Each Receipt this Period 55.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NML Occupation VP HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 660.00

B. Full Name (Last, First, Middle Initial)
Susan A. Lueger
 Mailing Address 4317 N Stowell Avenue
 City Shorewood State WI Zip Code 53211-1748
 Date of Receipt 04 / 15 / 2009
 Transaction ID: 20090424-623-11-0
 Amount of Each Receipt this Period 55.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NML Occupation VP HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 660.00

C. Full Name (Last, First, Middle Initial)
Susan A. Lueger
 Mailing Address 4317 N Stowell Avenue
 City Shorewood State WI Zip Code 53211-1748
 Date of Receipt 04 / 30 / 2009
 Transaction ID: 20090501-623-12-0
 Amount of Each Receipt this Period 55.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NML Occupation VP HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 660.00

SUBTOTAL of Receipts This Page (optional) ► 165.00
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 204 / 439
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City Shorewood State WI Zip Code 53211-1748

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

Name of Employer NML Occupation VP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-622-15-0

Amount of Each Receipt this Period 55.00

B.

Full Name (Last, First, Middle Initial)
Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City Shorewood State WI Zip Code 53211-1748

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

Name of Employer NML Occupation VP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-621-8-27

Amount of Each Receipt this Period 55.00

C.

Full Name (Last, First, Middle Initial)
Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City Shorewood State WI Zip Code 53211-1748

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

Name of Employer NML Occupation VP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-618-17-0

Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional) ► 165.00

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 205 / 439
(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 (Last, First, Middle Initial) Susan A. Lueger		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 4317 N Stowell Avenue		Transaction ID: 20090710-619-15-0
City Shorewood	State Zip Code WI 53211-1748	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NML	Occupation VP HR	Aggregate Year-to-Date ▼ 660.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Jeffrey J. Lueken		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 1213 E Goodrich Lane		Transaction ID: 20090206-922-16-0
City Fox Point	State Zip Code WI 53217-2946	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.00
Name of Employer NML	Occupation Svp Securities	Aggregate Year-to-Date ▼ 2184.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Jeffrey J. Lueken		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 1213 E Goodrich Lane		Transaction ID: 20090309-920-15-0
City Fox Point	State Zip Code WI 53217-2946	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.00
Name of Employer NML	Occupation Svp Securities	Aggregate Year-to-Date ▼ 2184.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 206 / 439
(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 (Last, First, Middle Initial)
Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City State Zip Code
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2184.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2152-16-0

Amount of Each Receipt this Period
182.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City State Zip Code
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2184.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-922-16-0

Amount of Each Receipt this Period
182.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City State Zip Code
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2184.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-922-12-0

Amount of Each Receipt this Period
182.00

SUBTOTAL of Receipts This Page (optional) ► 546.00

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 207 / 439
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City State Zip Code
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2184.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-923-11-0

Amount of Each Receipt this Period
182.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City State Zip Code
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2184.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-923-12-0

Amount of Each Receipt this Period
182.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City State Zip Code
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2184.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-922-15-0

Amount of Each Receipt this Period
182.00

SUBTOTAL of Receipts This Page (optional) ► 546.00

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 208 / 439
(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 (Last, First, Middle Initial) Jeffrey J. Lueken		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 1213 E Goodrich Lane		Transaction ID: 20090602-921-8-27
City Fox Point	State WI	Zip Code 53217-2946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.00
Name of Employer NML	Occupation Svp Securities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2184.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey J. Lueken		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 1213 E Goodrich Lane		Transaction ID: 20090701-915-17-0
City Fox Point	State WI	Zip Code 53217-2946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.00
Name of Employer NML	Occupation Svp Securities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2184.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey J. Lueken		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1213 E Goodrich Lane		Transaction ID: 20090710-917-15-0
City Fox Point	State WI	Zip Code 53217-2946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.00
Name of Employer NML	Occupation Svp Securities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2184.00	

SUBTOTAL of Receipts This Page (optional)	546.00
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 209 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jean M. Maier
Mailing Address 5432 N Diversey
City State Zip Code
Whitefish Bay WI 53217-5165
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Ent Ops & Cco
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00
Date of Receipt 01 / 30 / 2009
Transaction ID: 20090206-546-16-0
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Jean M. Maier
Mailing Address 5432 N Diversey
City State Zip Code
Whitefish Bay WI 53217-5165
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Ent Ops & Cco
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00
Date of Receipt 02 / 13 / 2009
Transaction ID: 20090309-545-15-0
Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Jean M. Maier
Mailing Address 5432 N Diversey
City State Zip Code
Whitefish Bay WI 53217-5165
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Ent Ops & Cco
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00
Date of Receipt 02 / 28 / 2009
Transaction ID: 20090309-1775-16-0
Amount of Each Receipt this Period 150.00

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: PAGE 210 / 439
(check only one)

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

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.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2009

Transaction ID: 20090330-546-16-0

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-546-12-0

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-547-11-0

Amount of Each Receipt this Period

150.00

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: PAGE 211 / 439
(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
							17

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

A.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer Occupation
NML Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-547-12-0

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer Occupation
NML Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

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

Transaction ID: 20090518-546-15-0

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer Occupation
NML Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-545-8-27

Amount of Each Receipt this Period

150.00

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: PAGE 212 / 439
(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 (Last, First, Middle Initial)
Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-542-17-0

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Jean M. Maier

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-543-15-0

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-1809-16-0

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional) ► **365.00**

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 213 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-579-16-0

Amount of Each Receipt this Period
65.00

B. Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-579-12-0

Amount of Each Receipt this Period
65.00

C. Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-581-11-0

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional) ► **195.00**

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 214 / 439
(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 (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-581-12-0

Amount of Each Receipt this Period
65.00

B.

Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-580-15-0

Amount of Each Receipt this Period
65.00

C.

Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-579-8-27

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional) ► **195.00**

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 215 / 439
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-576-17-0

Amount of Each Receipt this Period
65.00

B.

Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer NML Occupation VP Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-577-15-0

Amount of Each Receipt this Period
65.00

C.

Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-843-16-0

Amount of Each Receipt this Period
103.00

SUBTOTAL of Receipts This Page (optional) ► **233.00**

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 216 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-841-15-0

Amount of Each Receipt this Period
103.00

B. Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2073-16-0

Amount of Each Receipt this Period
103.00

C. Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-843-16-0

Amount of Each Receipt this Period
103.00

SUBTOTAL of Receipts This Page (optional) ► 309.00

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 217 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Meridee J. Maynard
 Mailing Address 809 E Lake Forest
 City State Zip Code
 Whitefish Bay WI 53217-5377
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9
Transaction ID: 20090413-843-12-0
 Amount of Each Receipt this Period
 103.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Svp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1236.00

B. Full Name (Last, First, Middle Initial)
Meridee J. Maynard
 Mailing Address 809 E Lake Forest
 City State Zip Code
 Whitefish Bay WI 53217-5377
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 9
Transaction ID: 20090424-844-11-0
 Amount of Each Receipt this Period
 103.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Svp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1236.00

C. Full Name (Last, First, Middle Initial)
Meridee J. Maynard
 Mailing Address 809 E Lake Forest
 City State Zip Code
 Whitefish Bay WI 53217-5377
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9
Transaction ID: 20090501-844-12-0
 Amount of Each Receipt this Period
 103.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Svp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1236.00

SUBTOTAL of Receipts This Page (optional) ► 309.00
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 218 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-843-15-0

Amount of Each Receipt this Period
103.00

B. Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-842-8-27

Amount of Each Receipt this Period
103.00

C. Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-837-17-0

Amount of Each Receipt this Period
103.00

SUBTOTAL of Receipts This Page (optional) ► 309.00

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 219 / 439
(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 (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1236.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-839-15-0

Amount of Each Receipt this Period
103.00

B.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code
Wellesley MA 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1170-16-1

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code
Wellesley MA 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1168-15-1

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **503.00**

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 220 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City Wellesley State MA Zip Code 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 02 / 28 / 2009

Transaction ID: 20090309-2400-16-1

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City Wellesley State MA Zip Code 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1169-16-1

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City Wellesley State MA Zip Code 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-1169-12-1

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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 221 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code
Wellesley MA 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
David C Mc Avoy General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-1169-11-0

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code
Wellesley MA 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
David C Mc Avoy General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1169-12-0

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code
Wellesley MA 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
David C Mc Avoy General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1167-15-1

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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 222 / 439

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City	State	Zip Code
Wellesley	MA	02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy	Occupation General Agent
-------------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1165-8-27

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City	State	Zip Code
Wellesley	MA	02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy	Occupation General Agent
-------------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1156-17-1

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
David C Mc Avoy

Mailing Address 11 Mountview Road

City	State	Zip Code
Wellesley	MA	02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer David C Mc Avoy	Occupation General Agent
-------------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-1158-15-1

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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 223 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake Cty UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1167-16-1

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake Cty UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1165-15-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake Cty UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2397-16-1

Amount of Each Receipt this Period
125.00

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: PAGE 224 / 439
(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 (Last, First, Middle Initial) Roger M Mc Queen		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 6098 Pioneer Fork Road		Transaction ID: 20090330-1166-16-1
City Salt Lake Cty	State UT	Zip Code 84108-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer McQueen Fncl Group Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Roger M Mc Queen		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 6098 Pioneer Fork Road		Transaction ID: 20090413-1166-12-1
City Salt Lake Cty	State UT	Zip Code 84108-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer McQueen Fncl Group Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Roger M Mc Queen		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 6098 Pioneer Fork Road		Transaction ID: 20090424-1166-11-0
City Salt Lake Cty	State UT	Zip Code 84108-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer McQueen Fncl Group Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 225 / 439
(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 (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake Cty UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1166-12-0

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake Cty UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1164-15-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake Cty UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1162-8-27

Amount of Each Receipt this Period
125.00

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: PAGE 226 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake City UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	9

Transaction ID: 20090701-1153-17-1

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code
Salt Lake City UT 84108-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McQueen Fncl Group Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 20090710-1155-15-1

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th Street

City State Zip Code
Wauwatosa WI 53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP Inv Adv Svc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: 20090413-617-12-0

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **285.00**

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 227 / 439

(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 (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th Street

City	State	Zip Code
Wauwatosa	WI	53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation VP Inv Adv Svc
-------------------------	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-619-11-0

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th Street

City	State	Zip Code
Wauwatosa	WI	53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation VP Inv Adv Svc
-------------------------	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-619-12-0

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th Street

City	State	Zip Code
Wauwatosa	WI	53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation VP Inv Adv Svc
-------------------------	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-618-15-0

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶

105.00

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 228 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th Street

City State Zip Code
Wauwatosa WI 53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Inv Adv Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-617-8-27

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th Street

City State Zip Code
Wauwatosa WI 53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Inv Adv Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-614-17-0

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th Street

City State Zip Code
Wauwatosa WI 53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Inv Adv Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-615-15-0

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

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 229 / 439
(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 (Last, First, Middle Initial)
John W McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer: McTigue Fncl Group Inc Occupation: Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 15 / 2009

Transaction ID: 20090123-4718-15-58

Amount of Each Receipt this Period: 208.00

B. Full Name (Last, First, Middle Initial)
John W McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer: McTigue Fncl Group Inc Occupation: Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 30 / 2009

Transaction ID: 20090206-1174-16-1

Amount of Each Receipt this Period: 208.00

C. Full Name (Last, First, Middle Initial)
John W McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer: McTigue Fncl Group Inc Occupation: Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 02 / 13 / 2009

Transaction ID: 20090309-1172-15-1

Amount of Each Receipt this Period: 208.00

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: PAGE 230 / 439

(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 (Last, First, Middle Initial) John W McTigue		Date of Receipt MM / DD / YYYY 02 / 28 / 2009		
	Mailing Address 205 E 4th Street		Transaction ID: 20090309-2404-16-1		
	City Hinsdale	State IL	Zip Code 60521-4603	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer McTigue Fncl Group Inc	Occupation Special Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
2496.00

B.	Full Name (Last, First, Middle Initial) John W McTigue		Date of Receipt MM / DD / YYYY 03 / 15 / 2009		
	Mailing Address 205 E 4th Street		Transaction ID: 20090330-1173-16-1		
	City Hinsdale	State IL	Zip Code 60521-4603	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer McTigue Fncl Group Inc	Occupation Special Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
2496.00

C.	Full Name (Last, First, Middle Initial) John W McTigue		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 205 E 4th Street		Transaction ID: 20090413-1173-12-1		
	City Hinsdale	State IL	Zip Code 60521-4603	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer McTigue Fncl Group Inc	Occupation Special Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
2496.00

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: PAGE 231 / 439
(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 (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City State Zip Code
Hinsdale IL 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McTigue Fncl Group Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-1173-11-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City State Zip Code
Hinsdale IL 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McTigue Fncl Group Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1173-12-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City State Zip Code
Hinsdale IL 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McTigue Fncl Group Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1171-15-1

Amount of Each Receipt this Period

208.00

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: PAGE 232 / 439
(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 (Last, First, Middle Initial)
John W McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer McTigue Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1169-8-27

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
John W McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer McTigue Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1160-17-1

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
John W McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer McTigue Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-1162-15-1

Amount of Each Receipt this Period
208.00

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: PAGE 233 / 439
(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 (Last, First, Middle Initial)
Joseph F Meier

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph F Meier Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1177-16-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Joseph F Meier

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph F Meier Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1177-12-1

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Joseph F Meier

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph F Meier Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1177-11-0

Amount of Each Receipt this Period
42.00

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: PAGE 234 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Joseph F Meier		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 208 Long Acres Lane		Transaction ID: 20090501-1177-12-0
City Oviedo	State FL	Zip Code 32765-7843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Joseph F Meier	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.

Full Name (Last, First, Middle Initial) Joseph F Meier		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 208 Long Acres Lane		Transaction ID: 20090518-1175-15-1
City Oviedo	State FL	Zip Code 32765-7843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Joseph F Meier	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

C.

Full Name (Last, First, Middle Initial) Joseph F Meier		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 208 Long Acres Lane		Transaction ID: 20090602-1173-8-27
City Oviedo	State FL	Zip Code 32765-7843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Joseph F Meier	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

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: PAGE 235 / 439
(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 (Last, First, Middle Initial)
Joseph F Meier

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph F Meier Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1164-17-1

Amount of Each Receipt this Period 42.00

B.

Full Name (Last, First, Middle Initial)
Joseph F Meier

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph F Meier Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1166-15-1

Amount of Each Receipt this Period 42.00

C.

Full Name (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City Glendale State WI Zip Code 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-574-11-0

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► **114.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 439
(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 (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP-Corp Actuary

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-574-12-0

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP-Corp Actuary

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-573-15-0

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP-Corp Actuary

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-572-8-27

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 439
(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 (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-569-17-0

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-570-15-0

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Richard D Mellinger

Mailing Address 50960 Fox Trail

City State Zip Code
Granger IN 46530-9039

FEC ID number of contributing federal political committee. **C**

Name of Employer Richard D Mellinger Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1157-15-1

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 85.00

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 238 / 439

(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 (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City State Zip Code
Granger IN 46530-9039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Richard D Mellinger General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1155-8-27

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City State Zip Code
Granger IN 46530-9039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Richard D Mellinger General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1146-17-1

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City State Zip Code
Granger IN 46530-9039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Richard D Mellinger General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-1148-15-1

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

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 239 / 439
(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 (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1163-16-1

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1161-15-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2393-16-1

Amount of Each Receipt this Period
125.00

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: PAGE 240 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1162-16-1

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1162-12-1

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1162-11-0

Amount of Each Receipt this Period
125.00

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: PAGE 241 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1162-12-0

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1160-15-1

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1158-8-27

Amount of Each Receipt this Period
125.00

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: PAGE 242 / 439
(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 (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1149-17-1

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carl W Middleton III General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1151-15-1

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Ben Miller

Mailing Address 34 Storyteller Court

City State Zip Code
Sandia Park NM 87047-8542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ben Miller General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1219-16-1

Amount of Each Receipt this Period
50.00

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: PAGE 243 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Ben Miller</p> <p>Mailing Address 34 Storyteller Court</p> <p>City State Zip Code Sandia Park NM 87047-8542</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ben Miller Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 03 / 31 / 2009</p> <p>Transaction ID: 20090413-1219-12-1</p> <p>Amount of Each Receipt this Period 50.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Ben Miller</p> <p>Mailing Address 34 Storyteller Court</p> <p>City State Zip Code Sandia Park NM 87047-8542</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ben Miller Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 04 / 15 / 2009</p> <p>Transaction ID: 20090424-1219-11-0</p> <p>Amount of Each Receipt this Period 50.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Ben Miller</p> <p>Mailing Address 34 Storyteller Court</p> <p>City State Zip Code Sandia Park NM 87047-8542</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ben Miller Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 04 / 30 / 2009</p> <p>Transaction ID: 20090501-1219-12-0</p> <p>Amount of Each Receipt this Period 50.00</p>
--	--

SUBTOTAL of Receipts This Page (optional)	150.00
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 244 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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.

Full Name (Last, First, Middle Initial)
Ben Miller

Mailing Address 34 Storyteller Court

City Sandia Park State NM Zip Code 87047-8542

FEC ID number of contributing federal political committee. **C**

Name of Employer Ben Miller Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1217-15-1

Amount of Each Receipt this Period
 50.00

B.

Full Name (Last, First, Middle Initial)
Ben Miller

Mailing Address 34 Storyteller Court

City Sandia Park State NM Zip Code 87047-8542

FEC ID number of contributing federal political committee. **C**

Name of Employer Ben Miller Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1215-8-27

Amount of Each Receipt this Period
 50.00

C.

Full Name (Last, First, Middle Initial)
Ben Miller

Mailing Address 34 Storyteller Court

City Sandia Park State NM Zip Code 87047-8542

FEC ID number of contributing federal political committee. **C**

Name of Employer Ben Miller Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1206-17-1

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 245 / 439
(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 (Last, First, Middle Initial)
Ben Miller

Mailing Address 34 Storyteller Court

City Sandia Park State NM Zip Code 87047-8542

FEC ID number of contributing federal political committee. **C**

Name of Employer Ben Miller Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1208-15-1

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City Whitefish Bay State WI Zip Code 53217-6050

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Adv PIng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1056-15-0

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City Whitefish Bay State WI Zip Code 53217-6050

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Adv PIng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1054-8-27

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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 246 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City State Zip Code
Whitefish Bay WI 53217-6050

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Adv PIng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1047-17-0

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Jay W. Miller

Mailing Address 4820 N Oakland Avenue

City State Zip Code
Whitefish Bay WI 53217-6050

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Adv PIng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1049-15-0

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer KEM Fncl Services Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1208-16-1

Amount of Each Receipt this Period
43.00

SUBTOTAL of Receipts This Page (optional) ► **93.00**

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 247 / 439
(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 (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEM Fncl Services Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 516.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-1208-12-1

Amount of Each Receipt this Period

43.00

B.

Full Name (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEM Fncl Services Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 516.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-1208-11-0

Amount of Each Receipt this Period

43.00

C.

Full Name (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEM Fncl Services Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 516.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2009

Transaction ID: 20090501-1208-12-0

Amount of Each Receipt this Period

43.00

SUBTOTAL of Receipts This Page (optional) ▶

129.00

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 248 / 439
(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 (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEM Fncl Services Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 516.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1206-15-1

Amount of Each Receipt this Period
43.00

B.

Full Name (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEM Fncl Services Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 516.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1204-8-27

Amount of Each Receipt this Period
43.00

C.

Full Name (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEM Fncl Services Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 516.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1195-17-1

Amount of Each Receipt this Period
43.00

SUBTOTAL of Receipts This Page (optional) ► **129.00**

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 249 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Kevin E Miller

Mailing Address 214 Schenley Road

City Pittsburgh State PA Zip Code 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer KEM Fncl Services Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1197-15-1

Amount of Each Receipt this Period 43.00

B. Full Name (Last, First, Middle Initial)
Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City Whitefish Bay State WI Zip Code 53217-5371

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Prd Dev & Strat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-621-17-0

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City Whitefish Bay State WI Zip Code 53217-5371

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Prd Dev & Strat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-622-15-0

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 83.00

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 250 / 439
(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 (Last, First, Middle Initial)
James J Nemec

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Nemec Agency LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 20090123-4770-15-58

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
James J Nemec

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Nemec Agency LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1226-16-1

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
James J Nemec

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Nemec Agency LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1224-15-1

Amount of Each Receipt this Period
208.00

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: PAGE 251 / 439
(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 (Last, First, Middle Initial) James J Nemec		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 22 Maple Avenue		Transaction ID: 20090309-2456-16-1
City Larchmont	State NY	Zip Code 10538-4041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer The Nemec Agency LLC	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) James J Nemec		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 22 Maple Avenue		Transaction ID: 20090330-1224-16-1
City Larchmont	State NY	Zip Code 10538-4041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer The Nemec Agency LLC	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) James J Nemec		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 22 Maple Avenue		Transaction ID: 20090413-1224-12-1
City Larchmont	State NY	Zip Code 10538-4041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer The Nemec Agency LLC	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 252 / 439
(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 (Last, First, Middle Initial)
James J Nemeć

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Nemeć Agency LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1224-11-0

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
James J Nemeć

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Nemeć Agency LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1224-12-0

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
James J Nemeć

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Nemeć Agency LLC Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1222-15-1

Amount of Each Receipt this Period
208.00

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: PAGE 253 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
James J Nemece

Mailing Address 22 Maple Avenue

City Larchmont State NY Zip Code 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer The Nemece Agency LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1220-8-27

Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
James J Nemece

Mailing Address 22 Maple Avenue

City Larchmont State NY Zip Code 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer The Nemece Agency LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1211-17-1

Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
James J Nemece

Mailing Address 22 Maple Avenue

City Larchmont State NY Zip Code 10538-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer The Nemece Agency LLC Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1213-15-1

Amount of Each Receipt this Period 208.00

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: PAGE 254 / 439

(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 (Last, First, Middle Initial) Jeremy D. Newman		Date of Receipt
	Mailing Address 2456 N 97th Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wauwatosa	WI	53226-1646
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NML		Occupation Dir Corp Offices	Transaction ID: 20090710-1104-15-0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="216.00"/>	<input type="text" value="18.00"/>

B.	Full Name (Last, First, Middle Initial) William H. Norton		Date of Receipt
	Mailing Address 10145 Wavell Road		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Fairfax	VA	22032-2337
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NML		Occupation Regional Director	Transaction ID: 20090330-545-16-0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="50.00"/>

C.	Full Name (Last, First, Middle Initial) William H. Norton		Date of Receipt
	Mailing Address 10145 Wavell Road		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Fairfax	VA	22032-2337
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NML		Occupation Regional Director	Transaction ID: 20090413-545-12-0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="118.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 439
(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 (Last, First, Middle Initial)
William H. Norton

Mailing Address 10145 Wavell Road

City State Zip Code
Fairfax VA 22032-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-546-11-0

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
William H. Norton

Mailing Address 10145 Wavell Road

City State Zip Code
Fairfax VA 22032-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-546-12-0

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
William H. Norton

Mailing Address 10145 Wavell Road

City State Zip Code
Fairfax VA 22032-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-545-15-0

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 256 / 439
(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 (Last, First, Middle Initial)
William H. Norton

Mailing Address 10145 Wavell Road

City State Zip Code
Fairfax VA 22032-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-544-8-27

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
William H. Norton

Mailing Address 10145 Wavell Road

City State Zip Code
Fairfax VA 22032-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-541-17-0

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
William H. Norton

Mailing Address 10145 Wavell Road

City State Zip Code
Fairfax VA 22032-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-542-15-0

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 257 / 439
(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

<p>A. Full Name (Last, First, Middle Initial) Daniel J. O Meara</p> <p>Mailing Address W70 N385 Fox Pointe</p> <p>City Cedarburg State WI Zip Code 53012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Agency Dev & Prgrms</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 324.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Transaction ID: 20090501-737-12-0</p> <p>Amount of Each Receipt this Period 27.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Daniel J. O Meara</p> <p>Mailing Address W70 N385 Fox Pointe</p> <p>City Cedarburg State WI Zip Code 53012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Agency Dev & Prgrms</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 324.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Transaction ID: 20090518-736-15-0</p> <p>Amount of Each Receipt this Period 27.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Daniel J. O Meara</p> <p>Mailing Address W70 N385 Fox Pointe</p> <p>City Cedarburg State WI Zip Code 53012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Agency Dev & Prgrms</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 324.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9</p> <p>Transaction ID: 20090602-735-8-27</p> <p>Amount of Each Receipt this Period 27.00</p>
--	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p style="text-align: right;">81.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 439
(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 (Last, First, Middle Initial)
Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City Cedarburg State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agency Dev & Prgrms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090701-731-17-0
 Amount of Each Receipt this Period: 27.00

B.

Full Name (Last, First, Middle Initial)
Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City Cedarburg State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agency Dev & Prgrms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 20090710-732-15-0
 Amount of Each Receipt this Period: 27.00

C.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City Whitefish Bay State WI Zip Code 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: 20090123-4144-15-57
 Amount of Each Receipt this Period: 208.00

SUBTOTAL of Receipts This Page (optional) ► 262.00

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 259 / 439
(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 (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-600-16-0

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-598-15-0

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-1830-16-0

Amount of Each Receipt this Period
208.00

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: PAGE 260 / 439
(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 (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-600-16-0

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-600-12-0

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-602-11-0

Amount of Each Receipt this Period
208.00

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: PAGE 261 / 439
(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 (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-602-12-0

Amount of Each Receipt this Period: 208.00

B. Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-601-15-0

Amount of Each Receipt this Period: 208.00

C. Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-600-8-27

Amount of Each Receipt this Period: 208.00

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: PAGE 262 / 439
(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 (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-597-17-0

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-598-15-0

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Pos

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-1995-16-0

Amount of Each Receipt this Period
52.00

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: PAGE 263 / 439

(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 (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-765-16-0

Amount of Each Receipt this Period 52.00

B.

Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-765-12-0

Amount of Each Receipt this Period 52.00

C.

Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-766-11-0

Amount of Each Receipt this Period 52.00

SUBTOTAL of Receipts This Page (optional) 156.00

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 264 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-766-12-0

Amount of Each Receipt this Period
52.00

B. Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-765-15-0

Amount of Each Receipt this Period
52.00

C. Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-764-8-27

Amount of Each Receipt this Period
52.00

SUBTOTAL of Receipts This Page (optional) ► 156.00

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 265 / 439
(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 (Last, First, Middle Initial) Kathleen A. Oman		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address S63W16495 College Avenue		Transaction ID: 20090701-760-17-0		
	City Muskego	State WI	Zip Code 53150-8303	Amount of Each Receipt this Period 52.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Pos			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 624.00			

B.	Full Name (Last, First, Middle Initial) Kathleen A. Oman		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address S63W16495 College Avenue		Transaction ID: 20090710-761-15-0		
	City Muskego	State WI	Zip Code 53150-8303	Amount of Each Receipt this Period 52.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Pos			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 624.00			

C.	Full Name (Last, First, Middle Initial) Christen L. Partleton		Date of Receipt MM / DD / YYYY 05 / 31 / 2009		
	Mailing Address 4832 N Shoreland Avenue		Transaction ID: 20090602-869-8-27		
	City Whitefish Bay	State WI	Zip Code 53217-5821	Amount of Each Receipt this Period 22.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Facility Ops			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 264.00			

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: PAGE 266 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City State Zip Code
Whitefish Bay WI 53217-5821

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Facility Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-863-17-0

Amount of Each Receipt this Period
22.00

B. Full Name (Last, First, Middle Initial)
Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City State Zip Code
Whitefish Bay WI 53217-5821

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Facility Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-865-15-0

Amount of Each Receipt this Period
22.00

C. Full Name (Last, First, Middle Initial)
Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City State Zip Code
Portland OR 97229-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey L Pawlowski Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 20090206-1190-16-1

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 169.00

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 267 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City State Zip Code
Portland OR 97229-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey L Pawlowski Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1188-15-1

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City State Zip Code
Portland OR 97229-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey L Pawlowski Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2420-16-1

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City State Zip Code
Portland OR 97229-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey L Pawlowski Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1189-16-1

Amount of Each Receipt this Period
125.00

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: PAGE 268 / 439
(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 (Last, First, Middle Initial) Jeffrey L Pawlowski		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 2519 Northwest Marsden Place		Transaction ID: 20090413-1189-12-1
City Portland	State OR	Zip Code 97229-9190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Jeffrey L Pawlowski	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey L Pawlowski		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 2519 Northwest Marsden Place		Transaction ID: 20090424-1189-11-0
City Portland	State OR	Zip Code 97229-9190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Jeffrey L Pawlowski	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey L Pawlowski		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 2519 Northwest Marsden Place		Transaction ID: 20090501-1189-12-0
City Portland	State OR	Zip Code 97229-9190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Jeffrey L Pawlowski	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 269 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City State Zip Code
Portland OR 97229-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey L Pawlowski Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1187-15-1

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City State Zip Code
Portland OR 97229-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey L Pawlowski Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1185-8-27

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Jeffrey L Pawlowski

Mailing Address 2519 Northwest Marsden Place

City State Zip Code
Portland OR 97229-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey L Pawlowski Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1176-17-1

Amount of Each Receipt this Period
125.00

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: PAGE 270 / 439
(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

<p>A. Full Name (Last, First, Middle Initial) Jeffrey L Pawlowski</p> <p>Mailing Address 2519 Northwest Marsden Place</p> <p>City State Zip Code Portland OR 97229-9190</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Jeffrey L Pawlowski Occupation General Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2009</p> <p>Transaction ID: 20090710-1178-15-1</p> <p>Amount of Each Receipt this Period 125.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Harvey W. Pogoriler</p> <p>Mailing Address 9185 N Rexleigh Drive</p> <p>City State Zip Code Bayside WI 53217-1869</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Asst Gc & Asst Sec</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 15 / 2009</p> <p>Transaction ID: 20090701-1061-17-0</p> <p>Amount of Each Receipt this Period 20.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Harvey W. Pogoriler</p> <p>Mailing Address 9185 N Rexleigh Drive</p> <p>City State Zip Code Bayside WI 53217-1869</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Asst Gc & Asst Sec</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2009</p> <p>Transaction ID: 20090710-1063-15-0</p> <p>Amount of Each Receipt this Period 20.00</p>
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SUBTOTAL of Receipts This Page (optional)	165.00
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 271 / 439
(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 (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 01 / 15 / 2009
Transaction ID: 20090123-4094-15-57
 Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 01 / 30 / 2009
Transaction ID: 20090206-550-16-0
 Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 13 / 2009
Transaction ID: 20090309-549-15-0
 Amount of Each Receipt this Period 208.00

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: PAGE 272 / 439
(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 (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-1779-16-0

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-550-16-0

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-550-12-0

Amount of Each Receipt this Period 208.00

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: PAGE 273 / 439
(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 (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-551-11-0

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-551-12-0

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-550-15-0

Amount of Each Receipt this Period 208.00

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: PAGE 274 / 439
(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 (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-549-8-27

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-546-17-0

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Gary A. Poliner

Mailing Address 311 E Erie Street

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-547-15-0

Amount of Each Receipt this Period 208.00

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: PAGE 275 / 439

(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 (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. C

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 30 / 2009

Transaction ID: 20090206-1217-16-1

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. C

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 13 / 2009

Transaction ID: 20090309-1215-15-1

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. C

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 28 / 2009

Transaction ID: 20090309-2447-16-1

Amount of Each Receipt this Period 125.00

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: PAGE 276 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Charles R Pruett		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 224 Ensworth Place		Transaction ID: 20090330-1216-16-1
City Nashville	State TN	Zip Code 37205-1922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Charles R Pruett	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Charles R Pruett		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 224 Ensworth Place		Transaction ID: 20090413-1216-12-1
City Nashville	State TN	Zip Code 37205-1922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Charles R Pruett	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Charles R Pruett		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 224 Ensworth Place		Transaction ID: 20090424-1216-11-0
City Nashville	State TN	Zip Code 37205-1922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Charles R Pruett	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 277 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: 20090501-1216-12-0
 Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: 20090518-1214-15-1
 Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 31 / 2009
Transaction ID: 20090602-1212-8-27
 Amount of Each Receipt this Period: 125.00

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: PAGE 278 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1203-17-1

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Charles R Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Charles R Pruett Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1205-15-1

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
John M Qualy

Mailing Address 625 S Skinker Blvd # 1203 Apt. 1203

City Clayton State MO Zip Code 63105-2341

FEC ID number of contributing federal political committee. **C**

Name of Employer Qualy Nwk Of Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 01 / 15 / 2009

Transaction ID: 20090123-4703-15-58

Amount of Each Receipt this Period 208.00

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: PAGE 279 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) John M Qualy</p> <p>Mailing Address 625 S Skinker Bvd # 1203 Apt. 1203</p> <p>City Clayton State MO Zip Code 63105-2341</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Qualy Nwk Of Inc Occupation Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2496.00</p>	<p>Date of Receipt MM / DD / YYYY 01 / 30 / 2009</p> <p>Transaction ID: 20090206-1159-16-1</p> <p>Amount of Each Receipt this Period 208.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) John M Qualy</p> <p>Mailing Address 625 S Skinker Bvd # 1203 Apt. 1203</p> <p>City Clayton State MO Zip Code 63105-2341</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Qualy Nwk Of Inc Occupation Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2496.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 13 / 2009</p> <p>Transaction ID: 20090309-1157-15-1</p> <p>Amount of Each Receipt this Period 208.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) John M Qualy</p> <p>Mailing Address 625 S Skinker Bvd # 1203 Apt. 1203</p> <p>City Clayton State MO Zip Code 63105-2341</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Qualy Nwk Of Inc Occupation Special Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2496.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2009</p> <p>Transaction ID: 20090309-2389-16-1</p> <p>Amount of Each Receipt this Period 208.00</p>
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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: PAGE 280 / 439
(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 (Last, First, Middle Initial)
John M Qualy

Mailing Address 13 Brentmoor Park

City State Zip Code
Clayton MO 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Qualy Nwk Of Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2009

Transaction ID: 20090330-1158-16-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
John M Qualy

Mailing Address 13 Brentmoor Park

City State Zip Code
Clayton MO 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Qualy Nwk Of Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-1158-12-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
John M Qualy

Mailing Address 13 Brentmoor Park

City State Zip Code
Clayton MO 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Qualy Nwk Of Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-1158-11-0

Amount of Each Receipt this Period

208.00

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: PAGE 281 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
John M Qualy
Mailing Address 13 Brentmoor Park
City Clayton State MO Zip Code 63105-3067
FEC ID number of contributing federal political committee. **C**
Name of Employer Qualy Nwk Of Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 04 / 30 / 2009
Transaction ID: 20090501-1158-12-0
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
John M Qualy
Mailing Address 13 Brentmoor Park
City Clayton State MO Zip Code 63105-3067
FEC ID number of contributing federal political committee. **C**
Name of Employer Qualy Nwk Of Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 05 / 15 / 2009
Transaction ID: 20090518-1156-15-1
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
John M Qualy
Mailing Address 13 Brentmoor Park
City Clayton State MO Zip Code 63105-3067
FEC ID number of contributing federal political committee. **C**
Name of Employer Qualy Nwk Of Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-1154-8-27
Amount of Each Receipt this Period 208.00

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: PAGE 282 / 439
(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 (Last, First, Middle Initial)
John M Qualy

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Qualy Nwk Of Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1145-17-1

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
John M Qualy

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Qualy Nwk Of Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1147-15-1

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Steven M. Radke

Mailing Address 9600 N Crestwood Court

City Mequon State WI Zip Code 53092-5355

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Leg & Reg Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-837-11-0

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 446.00

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 283 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Steven M. Radke</p> <p>Mailing Address 9600 N Crestwood Court</p> <p>City State Zip Code Mequon WI 53092-5355</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Leg & Reg Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 04 / 30 / 2009</p> <p>Transaction ID: 20090501-837-12-0</p> <p>Amount of Each Receipt this Period 30.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Steven M. Radke</p> <p>Mailing Address 9600 N Crestwood Court</p> <p>City State Zip Code Mequon WI 53092-5355</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Leg & Reg Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 05 / 15 / 2009</p> <p>Transaction ID: 20090518-836-15-0</p> <p>Amount of Each Receipt this Period 30.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Steven M. Radke</p> <p>Mailing Address 9600 N Crestwood Court</p> <p>City State Zip Code Mequon WI 53092-5355</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Leg & Reg Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 05 / 31 / 2009</p> <p>Transaction ID: 20090602-835-8-27</p> <p>Amount of Each Receipt this Period 30.00</p>
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SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 439
(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 (Last, First, Middle Initial)
Steven M. Radke

Mailing Address 9600 N Crestwood Court

City State Zip Code
Mequon WI 53092-5355

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Leg & Reg Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-830-17-0

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Steven M. Radke

Mailing Address 9600 N Crestwood Court

City State Zip Code
Mequon WI 53092-5355

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Leg & Reg Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-832-15-0

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City State Zip Code
Mequon WI 53092-6307

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1061-15-0

Amount of Each Receipt this Period
17.50

SUBTOTAL of Receipts This Page (optional) ► 77.50

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 285 / 439
(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 (Last, First, Middle Initial) Jeff D Reeter		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 7 Williamsburg Lane		Transaction ID: 20090309-1223-15-1
City Houston	State TX	Zip Code 77024-5144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Texas Fncl Group L P	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.

Full Name (Last, First, Middle Initial) Jeff D Reeter		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 7 Williamsburg Lane		Transaction ID: 20090309-2455-16-1
City Houston	State TX	Zip Code 77024-5144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Texas Fncl Group L P	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Jeff D Reeter		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 7 Williamsburg Lane		Transaction ID: 20090330-1223-16-1
City Houston	State TX	Zip Code 77024-5144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Texas Fncl Group L P	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 439
(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 (Last, First, Middle Initial)
Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Fncl Group L P Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1223-12-1

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Fncl Group L P Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1223-11-0

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Fncl Group L P Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1223-12-0

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 439
(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 (Last, First, Middle Initial)
Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Fncl Group L P Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 15 / 2009
Transaction ID: 20090518-1221-15-1
Amount of Each Receipt this Period: 75.00

B.

Full Name (Last, First, Middle Initial)
Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Fncl Group L P Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 31 / 2009
Transaction ID: 20090602-1219-8-27
Amount of Each Receipt this Period: 75.00

C.

Full Name (Last, First, Middle Initial)
Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Fncl Group L P Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090701-1210-17-1
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Fncl Group L P Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1212-15-1

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
David R. Remstad

Mailing Address 2634 N Lake Drive

City State Zip Code
Milwaukee WI 53211-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP Specialty Mkts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-770-11-0

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
David R. Remstad

Mailing Address 2634 N Lake Drive

City State Zip Code
Milwaukee WI 53211-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP Specialty Mkts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-770-12-0

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 289 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
David R. Remstad

Mailing Address 2634 N Lake Drive

City Milwaukee State WI Zip Code 53211-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Specialty Mkts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-769-15-0

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
David R. Remstad

Mailing Address 2634 N Lake Drive

City Milwaukee State WI Zip Code 53211-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Specialty Mkts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-768-8-27

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
David R. Remstad

Mailing Address 2634 N Lake Drive

City Milwaukee State WI Zip Code 53211-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Specialty Mkts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-764-17-0

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 439
(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 (Last, First, Middle Initial)
David R. Remstad

Mailing Address 2634 N Lake Drive

City Milwaukee State WI Zip Code 53211-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Specialty Mkts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-765-15-0

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Daniel A. Riedl

Mailing Address 6604 Cedar Street

City Wauwatosa State WI Zip Code 53213-3252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Pol & Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-679-17-0

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Daniel A. Riedl

Mailing Address 6604 Cedar Street

City Wauwatosa State WI Zip Code 53213-3252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Pol & Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-680-15-0

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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 291 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Marcia Rimai
Mailing Address 4100 N Lake Drive
City Shorewood State WI Zip Code 53211-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP & Chief Admin Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 01 / 15 / 2009
Transaction ID: 20090123-4189-15-57
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Marcia Rimai
Mailing Address 4100 N Lake Drive
City Shorewood State WI Zip Code 53211-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP & Chief Admin Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 01 / 30 / 2009
Transaction ID: 20090206-645-16-0
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Marcia Rimai
Mailing Address 4100 N Lake Drive
City Shorewood State WI Zip Code 53211-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP & Chief Admin Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 02 / 13 / 2009
Transaction ID: 20090309-643-15-0
Amount of Each Receipt this Period 208.00

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: PAGE 292 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Marcia Rimai
Mailing Address 4100 N Lake Drive
City Shorewood State WI Zip Code 53211-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP & Chief Admin Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 02 / 28 / 2009
Transaction ID: 20090309-1875-16-0
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Marcia Rimai
Mailing Address 4100 N Lake Drive
City Shorewood State WI Zip Code 53211-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP & Chief Admin Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-645-16-0
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Marcia Rimai
Mailing Address 4100 N Lake Drive
City Shorewood State WI Zip Code 53211-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP & Chief Admin Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-645-12-0
Amount of Each Receipt this Period 208.00

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: PAGE 293 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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.	Full Name (Last, First, Middle Initial) Marcia Rimai		Date of Receipt MM / DD / YYYY 04 / 15 / 2009		
	Mailing Address 4100 N Lake Drive		Transaction ID: 20090424-647-11-0		
	City Shorewood	State WI	Zip Code 53211-1719	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & Chief Admin Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

B.	Full Name (Last, First, Middle Initial) Marcia Rimai		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address 4100 N Lake Drive		Transaction ID: 20090501-647-12-0		
	City Shorewood	State WI	Zip Code 53211-1719	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & Chief Admin Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

C.	Full Name (Last, First, Middle Initial) Marcia Rimai		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 4100 N Lake Drive		Transaction ID: 20090518-646-15-0		
	City Shorewood	State WI	Zip Code 53211-1719	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & Chief Admin Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

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: PAGE 294 / 439
(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 (Last, First, Middle Initial)
Marcia Rimai

Mailing Address 4100 N Lake Drive

City Shorewood State WI Zip Code 53211-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP & Chief Admin Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-645-8-27

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Marcia Rimai

Mailing Address 4100 N Lake Drive

City Shorewood State WI Zip Code 53211-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP & Chief Admin Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-642-17-0

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Marcia Rimai

Mailing Address 4100 N Lake Drive

City Shorewood State WI Zip Code 53211-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP & Chief Admin Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-643-15-0

Amount of Each Receipt this Period 208.00

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: PAGE 295 / 439
(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 (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: 20090206-1195-16-1

Amount of Each Receipt this Period
 125.00

B.

Full Name (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 3 / 2 0 0 9

Transaction ID: 20090309-1193-15-1

Amount of Each Receipt this Period
 125.00

C.

Full Name (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 9

Transaction ID: 20090309-2425-16-1

Amount of Each Receipt this Period
 125.00

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: PAGE 296 / 439

(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 (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. C

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1194-16-1

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. C

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-1194-12-1

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. C

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-1194-11-0

Amount of Each Receipt this Period 125.00

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: PAGE 297 / 439
(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 (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1194-12-0

Amount of Each Receipt this Period
 125.00

B.

Full Name (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1192-15-1

Amount of Each Receipt this Period
 125.00

C.

Full Name (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1190-8-27

Amount of Each Receipt this Period
 125.00

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: PAGE 298 / 439
(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 (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090701-1181-17-1
 Amount of Each Receipt this Period: 125.00

B.

Full Name (Last, First, Middle Initial)
John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Louisville Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 20090710-1183-15-1
 Amount of Each Receipt this Period: 125.00

C.

Full Name (Last, First, Middle Initial)
Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City Shorewood State WI Zip Code 53211-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: 20090413-646-12-0
 Amount of Each Receipt this Period: 34.00

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: PAGE 299 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Bethany M. Rodenhuis		Date of Receipt MM / DD / YYYY 04 / 15 / 2009	
Mailing Address 3900 N Lake Drive		Transaction ID: 20090424-648-11-0	
City Shorewood	State WI	Zip Code 53211-2448	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

B.

Full Name (Last, First, Middle Initial) Bethany M. Rodenhuis		Date of Receipt MM / DD / YYYY 04 / 30 / 2009	
Mailing Address 3900 N Lake Drive		Transaction ID: 20090501-648-12-0	
City Shorewood	State WI	Zip Code 53211-2448	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

C.

Full Name (Last, First, Middle Initial) Bethany M. Rodenhuis		Date of Receipt MM / DD / YYYY 05 / 15 / 2009	
Mailing Address 3900 N Lake Drive		Transaction ID: 20090518-647-15-0	
City Shorewood	State WI	Zip Code 53211-2448	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

SUBTOTAL of Receipts This Page (optional)	▶	102.00
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 300 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Bethany M. Rodenhuis		Date of Receipt MM / DD / YYYY 05 / 31 / 2009	
Mailing Address 3900 N Lake Drive		Transaction ID: 20090602-646-8-27	
City Shorewood	State WI	Zip Code 53211-2448	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

B.

Full Name (Last, First, Middle Initial) Bethany M. Rodenhuis		Date of Receipt MM / DD / YYYY 06 / 15 / 2009	
Mailing Address 3900 N Lake Drive		Transaction ID: 20090701-643-17-0	
City Shorewood	State WI	Zip Code 53211-2448	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

C.

Full Name (Last, First, Middle Initial) Bethany M. Rodenhuis		Date of Receipt MM / DD / YYYY 06 / 30 / 2009	
Mailing Address 3900 N Lake Drive		Transaction ID: 20090710-644-15-0	
City Shorewood	State WI	Zip Code 53211-2448	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation VP Corp Plng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00		

SUBTOTAL of Receipts This Page (optional)	▶	102.00
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 301 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) R. P Sarnecki		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 16004 King Street		Transaction ID: 20090330-1204-16-1
City Overland Park	State KS	Zip Code 66062-7508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer RPS Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

B.

Full Name (Last, First, Middle Initial) R. P Sarnecki		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 16004 King Street		Transaction ID: 20090413-1204-12-1
City Overland Park	State KS	Zip Code 66062-7508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer RPS Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

C.

Full Name (Last, First, Middle Initial) R. P Sarnecki		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 16004 King Street		Transaction ID: 20090424-1204-11-0
City Overland Park	State KS	Zip Code 66062-7508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer RPS Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional)	▶	125.01
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 302 / 439

(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 (Last, First, Middle Initial)
R. P Sarnecki

Mailing Address 16004 King Street

City State Zip Code
Overland Park KS 66062-7508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RPS Fncl Grp Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.04

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1204-12-0

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)
R. P Sarnecki

Mailing Address 16004 King Street

City State Zip Code
Overland Park KS 66062-7508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RPS Fncl Grp Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.04

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1202-15-1

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)
R. P Sarnecki

Mailing Address 16004 King Street

City State Zip Code
Overland Park KS 66062-7508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RPS Fncl Grp Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.04

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1200-8-27

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

125.01

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 303 / 439
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) R. P Sarnecki		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 16004 King Street		Transaction ID: 20090701-1191-17-1		
	City Overland Park	State KS	Zip Code 66062-7508	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RPS Fncl Grp Inc	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.04			

B.	Full Name (Last, First, Middle Initial) R. P Sarnecki		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 16004 King Street		Transaction ID: 20090710-1193-15-1		
	City Overland Park	State KS	Zip Code 66062-7508	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RPS Fncl Grp Inc	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.04			

C.	Full Name (Last, First, Middle Initial) Joseph M Savino		Date of Receipt MM / DD / YYYY 01 / 15 / 2009		
	Mailing Address 8 Benedek Road		Transaction ID: 20090123-4706-15-58		
	City Princeton	State NJ	Zip Code 08540-2227	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Joseph M Savino	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

SUBTOTAL of Receipts This Page (optional)	▶	291.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 439
(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 (Last, First, Middle Initial)
Joseph M Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph M Savino Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: 20090206-1162-16-1

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Joseph M Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph M Savino Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 20090309-1160-15-1

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Joseph M Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph M Savino Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2392-16-1

Amount of Each Receipt this Period
208.00

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: PAGE 305 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Joseph M Savino		Date of Receipt MM / DD / YYYY 03 / 15 / 2009	
Mailing Address 8 Benedek Road		Transaction ID: 20090330-1161-16-1	
City Princeton	State NJ	Zip Code 08540-2227	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Joseph M Savino	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00		

B.

Full Name (Last, First, Middle Initial) Joseph M Savino		Date of Receipt MM / DD / YYYY 03 / 31 / 2009	
Mailing Address 8 Benedek Road		Transaction ID: 20090413-1161-12-1	
City Princeton	State NJ	Zip Code 08540-2227	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Joseph M Savino	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00		

C.

Full Name (Last, First, Middle Initial) Joseph M Savino		Date of Receipt MM / DD / YYYY 04 / 15 / 2009	
Mailing Address 8 Benedek Road		Transaction ID: 20090424-1161-11-0	
City Princeton	State NJ	Zip Code 08540-2227	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Joseph M Savino	Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00		

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: PAGE 306 / 439
(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 (Last, First, Middle Initial)
Joseph M Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph M Savino Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1161-12-0

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Joseph M Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph M Savino Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1159-15-1

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Joseph M Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph M Savino Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1157-8-27

Amount of Each Receipt this Period
208.00

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: PAGE 307 / 439
(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 (Last, First, Middle Initial) Joseph M Savino		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 8 Benedek Road		Transaction ID: 20090701-1148-17-1
City Princeton	State NJ	Zip Code 08540-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Joseph M Savino	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Joseph M Savino		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 8 Benedek Road		Transaction ID: 20090710-1150-15-1
City Princeton	State NJ	Zip Code 08540-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Joseph M Savino	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Timothy G. Schaefer		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 1013 E Lexington Blv		Transaction ID: 20090309-867-15-0
City Whitefish Bay	State WI	Zip Code 53217-5381
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 68.00
Name of Employer NML	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 816.00	

SUBTOTAL of Receipts This Page (optional)	▶	484.00
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 308 / 439
(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 (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 816.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: 20090309-2099-16-0

Amount of Each Receipt this Period
68.00

B.

Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 816.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-869-16-0

Amount of Each Receipt this Period
68.00

C.

Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 816.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-869-12-0

Amount of Each Receipt this Period
68.00

SUBTOTAL of Receipts This Page (optional) ► **204.00**

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 309 / 439

(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 (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 816.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-870-11-0

Amount of Each Receipt this Period

68.00

B.

Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 816.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-870-12-0

Amount of Each Receipt this Period

68.00

C.

Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 816.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-869-15-0

Amount of Each Receipt this Period

68.00

SUBTOTAL of Receipts This Page (optional) ▶

204.00

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 310 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 816.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-868-8-27

Amount of Each Receipt this Period
68.00

B.

Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 816.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-862-17-0

Amount of Each Receipt this Period
68.00

C.

Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 816.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-864-15-0

Amount of Each Receipt this Period
68.00

SUBTOTAL of Receipts This Page (optional) ► **204.00**

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 311 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City State Zip Code
Whitefish Bay WI 53211-1127

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-688-17-0

Amount of Each Receipt this Period
19.00

B. Full Name (Last, First, Middle Initial)
Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City State Zip Code
Whitefish Bay WI 53211-1127

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-689-15-0

Amount of Each Receipt this Period
19.00

C. Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 8253 N River Road

City State Zip Code
River Hills WI 53217-2546

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Affiliate Invest

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 20090123-4327-15-57

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **246.00**

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 312 / 439
(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 (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 8253 N River Road

City State Zip Code
River Hills WI 53217-2546

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
EVP Affiliate Invest

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 20090206-783-16-0

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 8253 N River Road

City State Zip Code
River Hills WI 53217-2546

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
EVP Affiliate Invest

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 20090309-781-15-0

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 8253 N River Road

City State Zip Code
River Hills WI 53217-2546

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
EVP Affiliate Invest

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: 20090309-2013-16-0

Amount of Each Receipt this Period

208.00

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: PAGE 313 / 439
(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 (Last, First, Middle Initial) John E. Schlifske		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 8253 N River Road		Transaction ID: 20090330-783-16-0
City River Hills	State WI	Zip Code 53217-2546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation EVP Affiliate Invest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) John E. Schlifske		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 8253 N River Road		Transaction ID: 20090413-783-12-0
City River Hills	State WI	Zip Code 53217-2546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation EVP Affiliate Invest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) John E. Schlifske		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 8253 N River Road		Transaction ID: 20090424-784-11-0
City River Hills	State WI	Zip Code 53217-2546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation EVP Affiliate Invest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 314 / 439

(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 (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 8253 N River Road

City State Zip Code
River Hills WI 53217-2546

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation
EVP Affiliate Invest

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-784-12-0

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 8253 N River Road

City State Zip Code
River Hills WI 53217-2546

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation
EVP Affiliate Invest

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-783-15-0

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 8253 N River Road

City State Zip Code
River Hills WI 53217-2546

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation
EVP Affiliate Invest

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-782-8-27

Amount of Each Receipt this Period 208.00

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: PAGE 315 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
John E. Schlifske
Mailing Address 8253 N River Road
City River Hills State WI Zip Code 53217-2546
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP Affiliate Invest
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-777-17-0
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
John E. Schlifske
Mailing Address 8253 N River Road
City River Hills State WI Zip Code 53217-2546
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP Affiliate Invest
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-779-15-0
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Jeffrey S. Schlinsog
Mailing Address W73N412 Greystone Drive
City Cedarburg State WI Zip Code 53012-2281
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Senior Advisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 264.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-986-8-27
Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional) ▶ 438.00
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 316 / 439
(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 (Last, First, Middle Initial)
Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City Cedarburg State WI Zip Code 53012-2281

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Senior Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-980-17-0

Amount of Each Receipt this Period 22.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City Cedarburg State WI Zip Code 53012-2281

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Senior Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-982-15-0

Amount of Each Receipt this Period 22.00

C.

Full Name (Last, First, Middle Initial)
Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City Whitefish Bay State WI Zip Code 53217-5756

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-786-11-0

Amount of Each Receipt this Period 31.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 317 / 439
(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 (Last, First, Middle Initial)
Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City State Zip Code
Whitefish Bay WI 53217-5756

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-786-12-0

Amount of Each Receipt this Period
31.00

B.

Full Name (Last, First, Middle Initial)
Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City State Zip Code
Whitefish Bay WI 53217-5756

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-785-15-0

Amount of Each Receipt this Period
31.00

C.

Full Name (Last, First, Middle Initial)
Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City State Zip Code
Whitefish Bay WI 53217-5756

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-784-8-27

Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional) ► **93.00**

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 318 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City State Zip Code
Whitefish Bay WI 53217-5756

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-779-17-0

Amount of Each Receipt this Period
31.00

B. Full Name (Last, First, Middle Initial)
Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City State Zip Code
Whitefish Bay WI 53217-5756

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-781-15-0

Amount of Each Receipt this Period
31.00

C. Full Name (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City State Zip Code
Bayside WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-542-11-0

Amount of Each Receipt this Period
32.00

SUBTOTAL of Receipts This Page (optional) ► 94.00

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 319 / 439
(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 (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City State Zip Code
Bayside WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-542-12-0

Amount of Each Receipt this Period
32.00

B.

Full Name (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City State Zip Code
Bayside WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-542-15-0

Amount of Each Receipt this Period
32.00

C.

Full Name (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City State Zip Code
Bayside WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-541-8-27

Amount of Each Receipt this Period
32.00

SUBTOTAL of Receipts This Page (optional) ▶ 96.00

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 320 / 439
(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 (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City State Zip Code
Bayside WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
VP & Lit Cnsl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2009

Transaction ID: 20090701-538-17-0

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City State Zip Code
Bayside WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
VP & Lit Cnsl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: 20090710-539-15-0

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code
Milwaukee WI 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Sr VP Agencies

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 15 / 2009

Transaction ID: 20090123-4634-15-57

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

272.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 439
(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 (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City Milwaukee State WI Zip Code 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 01 / 30 / 2009

Transaction ID: 20090206-1090-16-0

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City Milwaukee State WI Zip Code 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 13 / 2009

Transaction ID: 20090309-1088-15-0

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City Milwaukee State WI Zip Code 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 28 / 2009

Transaction ID: 20090309-2320-16-0

Amount of Each Receipt this Period 208.00

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: PAGE 322 / 439
(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 (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City Milwaukee State WI Zip Code 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1090-16-0

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City Milwaukee State WI Zip Code 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-1090-12-0

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City Milwaukee State WI Zip Code 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-1091-11-0

Amount of Each Receipt this Period 208.00

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: PAGE 323 / 439

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City	State	Zip Code
Milwaukee	WI	53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation Sr VP Agencies
-------------------------	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1091-12-0

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City	State	Zip Code
Milwaukee	WI	53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation Sr VP Agencies
-------------------------	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1090-15-0

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave # U

City	State	Zip Code
Milwaukee	WI	53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation Sr VP Agencies
-------------------------	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1088-8-27

Amount of Each Receipt this Period
208.00

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: PAGE 324 / 439
(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 (Last, First, Middle Initial) Todd M. Schoon Mailing Address 923 E Kilbourn Ave # U City Milwaukee State WI Zip Code 53202-3493 FEC ID number of contributing federal political committee. C Name of Employer NML Occupation Sr VP Agencies Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2496.00	Date of Receipt 06 / 15 / 2009 Transaction ID: 20090701-1081-17-0 Amount of Each Receipt this Period 208.00
--	--

B. Full Name (Last, First, Middle Initial) Todd M. Schoon Mailing Address 923 E Kilbourn Ave # U City Milwaukee State WI Zip Code 53202-3493 FEC ID number of contributing federal political committee. C Name of Employer NML Occupation Sr VP Agencies Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2496.00	Date of Receipt 06 / 30 / 2009 Transaction ID: 20090710-1083-15-0 Amount of Each Receipt this Period 208.00
--	--

C. Full Name (Last, First, Middle Initial) Bradley P Seitzinger Mailing Address 1672 Chieftan Circle City Oxford State MI Zip Code 48371-6095 FEC ID number of contributing federal political committee. C Name of Employer Seitzinger Fncl Gp Inc Occupation Special Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 504.00	Date of Receipt 03 / 15 / 2009 Transaction ID: 20090330-1207-16-1 Amount of Each Receipt this Period 42.00
--	---

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: PAGE 325 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Bradley P Seitzinger

Mailing Address 1672 Chieftan Circle

City Oxford State MI Zip Code 48371-6095

FEC ID number of contributing federal political committee. **C**

Name of Employer Seitzinger Fncl Gp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1207-12-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Bradley P Seitzinger

Mailing Address 1672 Chieftan Circle

City Oxford State MI Zip Code 48371-6095

FEC ID number of contributing federal political committee. **C**

Name of Employer Seitzinger Fncl Gp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1207-11-0

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Bradley P Seitzinger

Mailing Address 1672 Chieftan Circle

City Oxford State MI Zip Code 48371-6095

FEC ID number of contributing federal political committee. **C**

Name of Employer Seitzinger Fncl Gp Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1207-12-0

Amount of Each Receipt this Period
42.00

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: PAGE 326 / 439
(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 (Last, First, Middle Initial)
Bradley P Seitzinger

Mailing Address 1672 Chieftan Circle

City State Zip Code
Oxford MI 48371-6095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Seitzinger Fncl Gp Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1205-15-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Bradley P Seitzinger

Mailing Address 1672 Chieftan Circle

City State Zip Code
Oxford MI 48371-6095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Seitzinger Fncl Gp Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1203-8-27

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Bradley P Seitzinger

Mailing Address 1672 Chieftan Circle

City State Zip Code
Oxford MI 48371-6095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Seitzinger Fncl Gp Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1194-17-1

Amount of Each Receipt this Period
42.00

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: PAGE 327 / 439

(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 (Last, First, Middle Initial)
Bradley P Seitzinger

Mailing Address 1672 Chieftan Circle

City State Zip Code
Oxford MI 48371-6095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Seitzinger Fncl Gp Inc Special Agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: 20090710-1196-15-1

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City State Zip Code
Milwaukee WI 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP Di & Ltc

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-1082-11-0

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City State Zip Code
Milwaukee WI 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP Di & Ltc

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2009

Transaction ID: 20090501-1082-12-0

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)

102.00

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 328 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Di & Ltc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1081-15-0

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Di & Ltc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1079-8-27

Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Di & Ltc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1072-17-0

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 439
(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 (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Di & Ltc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1074-15-0

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City Cedarburg State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Uw Standards

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-895-15-0

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City Cedarburg State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Uw Standards

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-894-8-27

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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 330 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City Cedarburg State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Uw Standards

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-888-17-0

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City Cedarburg State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Uw Standards

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-890-15-0

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Mark W. Smith

Mailing Address 614 Park Crest Drive

City Thiensville State WI Zip Code 53092-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-896-8-27

Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional) ► 72.00

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 331 / 439
(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 (Last, First, Middle Initial)
Mark W. Smith

Mailing Address 614 Park Crest Drive

City Thiensville State WI Zip Code 53092-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-890-17-0

Amount of Each Receipt this Period 22.00

B.

Full Name (Last, First, Middle Initial)
Mark W. Smith

Mailing Address 614 Park Crest Drive

City Thiensville State WI Zip Code 53092-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-892-15-0

Amount of Each Receipt this Period 22.00

C.

Full Name (Last, First, Middle Initial)
Robert L Spinks

Mailing Address 305 Waterbury Cove

City Jackson State MS Zip Code 39232-8692

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert L Spinks Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1166-15-1

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 69.00

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 332 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Robert L Spinks

Mailing Address 305 Waterbury Cove

City State Zip Code
Jackson MS 39232-8692

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert L Spinks Occupation General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	9

Transaction ID: 20090602-1164-8-27

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Robert L Spinks

Mailing Address 305 Waterbury Cove

City State Zip Code
Jackson MS 39232-8692

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert L Spinks Occupation General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	9

Transaction ID: 20090701-1155-17-1

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Robert L Spinks

Mailing Address 305 Waterbury Cove

City State Zip Code
Jackson MS 39232-8692

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert L Spinks Occupation General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: 20090710-1157-15-1

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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 333 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2009

Transaction ID: 20090330-542-16-0

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: 20090413-542-12-0

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2009

Transaction ID: 20090424-543-11-0

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 334 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-543-12-0

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-543-15-0

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-542-8-27

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 335 / 439
(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 (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-539-17-0

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-540-15-0

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Jason Steigman

Mailing Address 2301 E Newton Avenue

City State Zip Code
Shorewood WI 53211-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-627-15-0

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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 336 / 439
(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 (Last, First, Middle Initial)
Jason Steigman

Mailing Address 2301 E Newton Avenue

City State Zip Code
Shorewood WI 53211-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-626-8-27

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Jason Steigman

Mailing Address 2301 E Newton Avenue

City State Zip Code
Shorewood WI 53211-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-623-17-0

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Jason Steigman

Mailing Address 2301 E Newton Avenue

City State Zip Code
Shorewood WI 53211-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-624-15-0

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 337 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
David G. Stoeffel

Mailing Address 6311 N Lake Drive

City State Zip Code
Whitefish Bay WI 53217-4343

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Invest Prod Ln

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-899-12-0

Amount of Each Receipt this Period
27.00

B. Full Name (Last, First, Middle Initial)
David G. Stoeffel

Mailing Address 6311 N Lake Drive

City State Zip Code
Whitefish Bay WI 53217-4343

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Invest Prod Ln

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-898-15-0

Amount of Each Receipt this Period
27.00

C. Full Name (Last, First, Middle Initial)
David G. Stoeffel

Mailing Address 6311 N Lake Drive

City State Zip Code
Whitefish Bay WI 53217-4343

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Invest Prod Ln

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-897-8-27

Amount of Each Receipt this Period
27.00

SUBTOTAL of Receipts This Page (optional) ► **81.00**

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 338 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
David G. Stoeffel

Mailing Address 6311 N Lake Drive

City State Zip Code
Whitefish Bay WI 53217-4343

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Invest Prod Ln

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-891-17-0

Amount of Each Receipt this Period
27.00

B. Full Name (Last, First, Middle Initial)
David G. Stoeffel

Mailing Address 6311 N Lake Drive

City State Zip Code
Whitefish Bay WI 53217-4343

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Invest Prod Ln

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-893-15-0

Amount of Each Receipt this Period
27.00

C. Full Name (Last, First, Middle Initial)
Stephen R. Stone

Mailing Address N58 W24851 Cardinal

City State Zip Code
Sussex WI 53089

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Inv Acctg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-687-15-0

Amount of Each Receipt this Period
18.00

SUBTOTAL of Receipts This Page (optional) ► 72.00

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 339 / 439
(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 (Last, First, Middle Initial)
Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City Bayside State WI Zip Code 53217-1967

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1069-17-0

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City Bayside State WI Zip Code 53217-1967

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1071-15-0

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Daphne C Stroud

Mailing Address 150 Fernwood Drive

City East Greenwich State RI Zip Code 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern NE Group LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1220-16-1

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► 82.00

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 340 / 439
(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 (Last, First, Middle Initial)
Daphne C Stroud

Mailing Address 150 Fernwood Drive

City State Zip Code
East Greenwich RI 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southern NE Group LLC Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: 20090413-1220-12-1

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Daphne C Stroud

Mailing Address 150 Fernwood Drive

City State Zip Code
East Greenwich RI 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southern NE Group LLC Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-1220-11-0

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)
Daphne C Stroud

Mailing Address 150 Fernwood Drive

City State Zip Code
East Greenwich RI 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southern NE Group LLC Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1220-12-0

Amount of Each Receipt this Period

42.00

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: PAGE 341 / 439
(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 (Last, First, Middle Initial) Daphne C Stroud		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 150 Fernwood Drive		Transaction ID: 20090518-1218-15-1
City East Greenwich	State Zip Code RI 02818-1616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Southern NE Group LLC	Occupation Special Agent	Aggregate Year-to-Date ▼ 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Daphne C Stroud		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 150 Fernwood Drive		Transaction ID: 20090602-1216-8-27
City East Greenwich	State Zip Code RI 02818-1616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Southern NE Group LLC	Occupation Special Agent	Aggregate Year-to-Date ▼ 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Daphne C Stroud		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 150 Fernwood Drive		Transaction ID: 20090701-1207-17-1
City East Greenwich	State Zip Code RI 02818-1616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Southern NE Group LLC	Occupation Special Agent	Aggregate Year-to-Date ▼ 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: PAGE 342 / 439
(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 (Last, First, Middle Initial) Daphne C Stroud		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 150 Fernwood Drive		Transaction ID: 20090710-1209-15-1
City East Greenwich	State Zip Code RI 02818-1616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Southern NE Group LLC	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

B.

Full Name (Last, First, Middle Initial) Rachel L. Tahnint		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 4733 N Cumberland Bl		Transaction ID: 20090501-842-12-0
City Whitefish Bay	State Zip Code WI 53211-1140	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer NML	Occupation VP PI & Opn & Assc Gc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

C.

Full Name (Last, First, Middle Initial) Rachel L. Tahnint		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 4733 N Cumberland Bl		Transaction ID: 20090518-841-15-0
City Whitefish Bay	State Zip Code WI 53211-1140	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer NML	Occupation VP PI & Opn & Assc Gc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)	98.00
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 343 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Rachel L. Taknint
Mailing Address 4733 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP PI & Opn & Assc Gc

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 05 / 31 / 2009
Transaction ID: 20090602-840-8-27
Amount of Each Receipt this Period: 28.00

B. Full Name (Last, First, Middle Initial)
Rachel L. Taknint
Mailing Address 4733 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP PI & Opn & Assc Gc

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090701-835-17-0
Amount of Each Receipt this Period: 28.00

C. Full Name (Last, First, Middle Initial)
Rachel L. Taknint
Mailing Address 4733 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP PI & Opn & Assc Gc

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 20090710-837-15-0
Amount of Each Receipt this Period: 28.00

SUBTOTAL of Receipts This Page (optional) ► 84.00

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 344 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Joe P Teague
Mailing Address 2613 N Dundee St
City Tampa State FL Zip Code 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Teague Fncl Group Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 02 / 13 / 2009
Transaction ID: 20090309-1170-15-1
Amount of Each Receipt this Period 70.00

B. Full Name (Last, First, Middle Initial)
Joe P Teague
Mailing Address 2613 N Dundee St
City Tampa State FL Zip Code 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Teague Fncl Group Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 02 / 28 / 2009
Transaction ID: 20090309-2402-16-1
Amount of Each Receipt this Period 70.00

C. Full Name (Last, First, Middle Initial)
Joe P Teague
Mailing Address 2613 N Dundee Street
City Tampa State FL Zip Code 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Teague Fncl Group Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-1171-16-1
Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► 210.00
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 345 / 439
(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 (Last, First, Middle Initial)
Joe P Teague

Mailing Address 2613 N Dundee Street

City Tampa State FL Zip Code 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Teague Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 20090413-1171-12-1

Amount of Each Receipt this Period 70.00

B.

Full Name (Last, First, Middle Initial)
Joe P Teague

Mailing Address 2613 N Dundee Street

City Tampa State FL Zip Code 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Teague Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

Transaction ID: 20090424-1171-11-0

Amount of Each Receipt this Period 70.00

C.

Full Name (Last, First, Middle Initial)
Joe P Teague

Mailing Address 2613 N Dundee Street

City Tampa State FL Zip Code 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Teague Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID: 20090501-1171-12-0

Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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 346 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Joe P Teague
Mailing Address 2613 N Dundee Street
City Tampa State FL Zip Code 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Teague Fncl Group Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 05 / 15 / 2009
Transaction ID: 20090518-1169-15-1
Amount of Each Receipt this Period 70.00

B. Full Name (Last, First, Middle Initial)
Joe P Teague
Mailing Address 2613 N Dundee Street
City Tampa State FL Zip Code 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Teague Fncl Group Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-1167-8-27
Amount of Each Receipt this Period 70.00

C. Full Name (Last, First, Middle Initial)
Joe P Teague
Mailing Address 2613 N Dundee Street
City Tampa State FL Zip Code 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Teague Fncl Group Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-1158-17-1
Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► 210.00
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 347 / 439
(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 (Last, First, Middle Initial)
Joe P Teague

Mailing Address 2613 N Dundee Street

City Tampa State FL Zip Code 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Teague Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1160-15-1

Amount of Each Receipt this Period 70.00

B. Full Name (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1191-16-1

Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 20090413-1191-12-1

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 154.00

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 348 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 0 9

Transaction ID: 20090424-1191-11-0

Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1191-12-0

Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1189-15-1

Amount of Each Receipt this Period 42.00

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: PAGE 349 / 439
(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 (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 05 / 31 / 2009
Transaction ID: 20090602-1187-8-27

Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 06 / 15 / 2009
Transaction ID: 20090701-1178-17-1

Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Michael F Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Tews Fncl Group Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 20090710-1180-15-1

Amount of Each Receipt this Period 42.00

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: PAGE 350 / 439

(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 (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 20090123-4745-15-58

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 20090206-1201-16-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 20090309-1199-15-1

Amount of Each Receipt this Period

208.00

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: PAGE 351 / 439
(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 (Last, First, Middle Initial) Scott P Theodore		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 12505 Ventana Mesa Circle		Transaction ID: 20090309-2431-16-1
City Castle Rock	State CO	Zip Code 80108-9148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Scott P Theodore		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 12505 Ventana Mesa Circle		Transaction ID: 20090330-1200-16-1
City Castle Rock	State CO	Zip Code 80108-9148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Scott P Theodore		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 12505 Ventana Mesa Circle		Transaction ID: 20090413-1200-12-1
City Castle Rock	State CO	Zip Code 80108-9148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 352 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1200-11-0

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1200-12-0

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1198-15-1

Amount of Each Receipt this Period
208.00

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: PAGE 353 / 439
(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 (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1196-8-27

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1187-17-1

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1189-15-1

Amount of Each Receipt this Period
208.00

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: PAGE 354 / 439
(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 (Last, First, Middle Initial) Douglas D. Timmer		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 633 W McIntosh Lane		Transaction ID: 20090710-960-15-0
City Mequon	State WI	Zip Code 53092-6022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.00
Name of Employer NML	Occupation Asst Gc & Asst Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

B.

Full Name (Last, First, Middle Initial) Leo C Tucker		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 605 Potomac River Rd		Transaction ID: 20090309-1213-15-1
City Mc Lean	State VA	Zip Code 22102-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Leo C Tucker	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Leo C Tucker		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 605 Potomac River Rd		Transaction ID: 20090309-2445-16-1
City Mc Lean	State VA	Zip Code 22102-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Leo C Tucker	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	167.00
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 355 / 439
(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 (Last, First, Middle Initial)
Leo C Tucker

Mailing Address 605 Potomac River Road

City State Zip Code
Mc Lean VA 22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Leo C Tucker Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1214-16-1

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Leo C Tucker

Mailing Address 605 Potomac River Road

City State Zip Code
Mc Lean VA 22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Leo C Tucker Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1214-12-1

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Leo C Tucker

Mailing Address 605 Potomac River Road

City State Zip Code
Mc Lean VA 22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Leo C Tucker Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1214-11-0

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 439

(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 (Last, First, Middle Initial)
Leo C Tucker

Mailing Address 605 Potomac River Road

City	State	Zip Code
Mc Lean	VA	22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Leo C Tucker	Occupation General Agent
----------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: 20090501-1214-12-0

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Leo C Tucker

Mailing Address 605 Potomac River Road

City	State	Zip Code
Mc Lean	VA	22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Leo C Tucker	Occupation General Agent
----------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1212-15-1

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Leo C Tucker

Mailing Address 605 Potomac River Road

City	State	Zip Code
Mc Lean	VA	22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Leo C Tucker	Occupation General Agent
----------------------------------	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1210-8-27

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶

225.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 / 439
(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 (Last, First, Middle Initial) Leo C Tucker		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 605 Potomac River Road		Transaction ID: 20090701-1201-17-1
City Mc Lean	State VA	Zip Code 22102-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Leo C Tucker	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.

Full Name (Last, First, Middle Initial) Leo C Tucker		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 605 Potomac River Road		Transaction ID: 20090710-1203-15-1
City Mc Lean	State VA	Zip Code 22102-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Leo C Tucker	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Donald G. Tyler		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 4480 N Maryland		Transaction ID: 20090309-1073-15-0
City Shorewood	State WI	Zip Code 53211-1651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer NML	Occupation VP Ips Prod & Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 358 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Donald G. Tyler

Mailing Address 4480 N Maryland

City Shorewood State WI Zip Code 53211-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Ips Prod & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 02 / 28 / 2009
Transaction ID: 20090309-2305-16-0
 Amount of Each Receipt this Period: 70.00

B.

Full Name (Last, First, Middle Initial)
Donald G. Tyler

Mailing Address 4480 N Maryland

City Shorewood State WI Zip Code 53211-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Ips Prod & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 03 / 15 / 2009
Transaction ID: 20090330-1075-16-0
 Amount of Each Receipt this Period: 70.00

C.

Full Name (Last, First, Middle Initial)
Donald G. Tyler

Mailing Address 4480 N Maryland

City Shorewood State WI Zip Code 53211-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Ips Prod & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: 20090413-1075-12-0
 Amount of Each Receipt this Period: 70.00

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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 359 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Donald G. Tyler

Mailing Address 4480 N Maryland

City Shorewood State WI Zip Code 53211-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Ips Prod & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-1076-11-0

Amount of Each Receipt this Period 70.00

B.

Full Name (Last, First, Middle Initial)
Donald G. Tyler

Mailing Address 4480 N Maryland

City Shorewood State WI Zip Code 53211-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Ips Prod & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-1076-12-0

Amount of Each Receipt this Period 70.00

C.

Full Name (Last, First, Middle Initial)
Donald G. Tyler

Mailing Address 4480 N Maryland

City Shorewood State WI Zip Code 53211-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Ips Prod & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1075-15-0

Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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 360 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Donald G. Tyler
Mailing Address 4480 N Maryland
City Shorewood State WI Zip Code 53211-1651
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Ips Prod & Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-1073-8-27
Amount of Each Receipt this Period 70.00

B. Full Name (Last, First, Middle Initial)
Donald G. Tyler
Mailing Address 4480 N Maryland
City Shorewood State WI Zip Code 53211-1651
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Ips Prod & Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-1066-17-0
Amount of Each Receipt this Period 70.00

C. Full Name (Last, First, Middle Initial)
Donald G. Tyler
Mailing Address 4480 N Maryland
City Shorewood State WI Zip Code 53211-1651
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Ips Prod & Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-1068-15-0
Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► 210.00
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 361 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Martha M. Valerio

Mailing Address 6048 N Lydell

City State Zip Code
Whitefish Bay WI 53217-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Chief Info Security Ofcr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-652-15-0

Amount of Each Receipt this Period
24.00

B.

Full Name (Last, First, Middle Initial)
Martha M. Valerio

Mailing Address 6048 N Lydell

City State Zip Code
Whitefish Bay WI 53217-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Chief Info Security Ofcr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-651-8-27

Amount of Each Receipt this Period
24.00

C.

Full Name (Last, First, Middle Initial)
Martha M. Valerio

Mailing Address 6048 N Lydell

City State Zip Code
Whitefish Bay WI 53217-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Chief Info Security Ofcr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 60b0896d5cfb3e62b19

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional) ► **72.00**

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 362 / 439

(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 (Last, First, Middle Initial)
Martha M. Valerio

Mailing Address 6048 N Lydell

City	State	Zip Code
Whitefish Bay	WI	53217-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation VP & Chief Info Security Ofcr
-------------------------	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: cf071db7976045e1f03

Amount of Each Receipt this Period
24.00

B.

Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City	State	Zip Code
Whitefish Bay	WI	53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation VP Public Equities
-------------------------	----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 792.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: 20090309-1864-16-0

Amount of Each Receipt this Period
66.00

C.

Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City	State	Zip Code
Whitefish Bay	WI	53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation VP Public Equities
-------------------------	----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 792.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: 20090330-634-16-0

Amount of Each Receipt this Period
66.00

SUBTOTAL of Receipts This Page (optional) ▶

156.00

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 363 / 439
(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 (Last, First, Middle Initial) Patricia L. Van Kampen		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 4520 N Lake Drive		Transaction ID: 20090413-634-12-0
City Whitefish Bay	State WI	Zip Code 53211-1252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00
Name of Employer NML	Occupation VP Public Equities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 792.00	

B.

Full Name (Last, First, Middle Initial) Patricia L. Van Kampen		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 4520 N Lake Drive		Transaction ID: 20090424-636-11-0
City Whitefish Bay	State WI	Zip Code 53211-1252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00
Name of Employer NML	Occupation VP Public Equities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 792.00	

C.

Full Name (Last, First, Middle Initial) Patricia L. Van Kampen		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 4520 N Lake Drive		Transaction ID: 20090501-636-12-0
City Whitefish Bay	State WI	Zip Code 53211-1252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00
Name of Employer NML	Occupation VP Public Equities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 792.00	

SUBTOTAL of Receipts This Page (optional)	198.00
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 364 / 439
(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 (Last, First, Middle Initial)
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Public Equities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-635-15-0

Amount of Each Receipt this Period
66.00

B.

Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Public Equities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-634-8-27

Amount of Each Receipt this Period
66.00

C.

Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Public Equities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-631-17-0

Amount of Each Receipt this Period
66.00

SUBTOTAL of Receipts This Page (optional) ► **198.00**

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 365 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen
Mailing Address 4520 N Lake Drive
City State Zip Code
Whitefish Bay WI 53211-1252
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Public Equities
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 792.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-632-15-0
Amount of Each Receipt this Period 66.00

B. Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.
Mailing Address 7 Castaways N
City State Zip Code
Newport Beach CA 92660-8403
FEC ID number of contributing federal political committee. **C**
Name of Employer RJ Waltos Ins Ser Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 02 / 13 / 2009
Transaction ID: 20090309-1182-15-1
Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.
Mailing Address 7 Castaways N
City State Zip Code
Newport Beach CA 92660-8403
FEC ID number of contributing federal political committee. **C**
Name of Employer RJ Waltos Ins Ser Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 02 / 28 / 2009
Transaction ID: 20090309-2414-16-1
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 216.00
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 366 / 439

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-1183-16-1

Amount of Each Receipt this Period 75.00

B.

Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-1183-12-1

Amount of Each Receipt this Period 75.00

C.

Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-1183-11-0

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) 225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-1183-12-0

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-1181-15-1

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-1179-8-27

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 439
(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 (Last, First, Middle Initial)
Robert J Waltos, Jr.
Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-1170-17-1

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Robert J Waltos, Jr.
Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RJ Waltos Ins Ser Inc Special Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-1172-15-1

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
P. Andrew Ware
Mailing Address 7900 N Berwyn Avenue

City State Zip Code
Glendale WI 53209-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP Actuary

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-523-15-0

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 369 / 439
(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 (Last, First, Middle Initial)
P. Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City State Zip Code
Glendale WI 53209-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-522-8-27

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
P. Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City State Zip Code
Glendale WI 53209-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-519-17-0

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
P. Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City State Zip Code
Glendale WI 53209-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-520-15-0

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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 370 / 439
(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 (Last, First, Middle Initial) Alison Watson		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 629 Constitution Ave NE Apt 105		Transaction ID: 20090330-1059-16-0
City Washington	State DC	Zip Code 20002-6086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director of Fed Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Alison Watson		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 629 Constitution Ave NE Apt 105		Transaction ID: 20090413-1059-12-0
City Washington	State DC	Zip Code 20002-6086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director of Fed Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Alison Watson		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 629 Constitution Ave NE Apt 105		Transaction ID: 20090424-1060-11-0
City Washington	State DC	Zip Code 20002-6086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director of Fed Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 371 / 439
(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 (Last, First, Middle Initial) Alison Watson		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 629 Constitution Ave NE Apt 105		Transaction ID: 20090501-1060-12-0
City Washington	State DC	Zip Code 20002-6086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director of Fed Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Alison Watson		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 629 Constitution Ave NE Apt 105		Transaction ID: 20090518-1059-15-0
City Washington	State DC	Zip Code 20002-6086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director of Fed Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Alison Watson		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 629 Constitution Ave NE Apt 105		Transaction ID: 20090602-1057-8-27
City Washington	State DC	Zip Code 20002-6086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Director of Fed Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 372 / 439
	<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 (Last, First, Middle Initial) Alison Watson	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 629 Constitution Ave NE Apt 105	Transaction ID: 20090701-1050-17-0
	City Washington State DC Zip Code 20002-6086	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Director of Fed Relations	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

B.	Full Name (Last, First, Middle Initial) Alison Watson	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 629 Constitution Ave NE Apt 105	Transaction ID: 20090710-1052-15-0
	City Washington State DC Zip Code 20002-6086	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Director of Fed Relations	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

C.	Full Name (Last, First, Middle Initial) Jeffrey B. Williams	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 2004 N 72nd Street	Transaction ID: 20090501-591-12-0
	City Wauwatosa State WI Zip Code 53213-1828	Amount of Each Receipt this Period 27.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Corp Risk Mgmt	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00

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: PAGE 373 / 439
(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 (Last, First, Middle Initial)
Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City State Zip Code
Wauwatosa WI 53213-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-590-15-0

Amount of Each Receipt this Period
27.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City State Zip Code
Wauwatosa WI 53213-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-589-8-27

Amount of Each Receipt this Period
27.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City State Zip Code
Wauwatosa WI 53213-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-586-17-0

Amount of Each Receipt this Period
27.00

SUBTOTAL of Receipts This Page (optional) ► 81.00

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 374 / 439
(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 (Last, First, Middle Initial)
Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City State Zip Code
Wauwatosa WI 53213-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 20090710-587-15-0
Amount of Each Receipt this Period: 27.00

B. Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City State Zip Code
Birmingham AL 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: 20090123-4712-15-58
Amount of Each Receipt this Period: 208.00

C. Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City State Zip Code
Birmingham AL 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 01 / 30 / 2009
Transaction ID: 20090206-1168-16-1
Amount of Each Receipt this Period: 208.00

SUBTOTAL of Receipts This Page (optional) ▶ 443.00

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 375 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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.

Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 13 / 2009

Transaction ID: 20090309-1166-15-1

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 28 / 2009

Transaction ID: 20090309-2398-16-1

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 03 / 15 / 2009

Transaction ID: 20090330-1167-16-1

Amount of Each Receipt this Period 208.00

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: PAGE 376 / 439
(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 (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-1167-12-1
 Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 15 / 2009
Transaction ID: 20090424-1167-11-0
 Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 04 / 30 / 2009
Transaction ID: 20090501-1167-12-0
 Amount of Each Receipt this Period 208.00

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: PAGE 377 / 439
(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 (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-1165-15-1

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 31 / 2009

Transaction ID: 20090602-1163-8-27

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer NM Fncl Nwk Of AL Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1154-17-1

Amount of Each Receipt this Period 208.00

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: PAGE 378 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
John A Williamson, Jr.
Mailing Address 608 Euclid Avenue

City Birmingham	State AL	Zip Code 35213-2518
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. C

Name of Employer NM Fncl Nwk Of AL Inc	Occupation Special Agent
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2009
Transaction ID: 20090710-1156-15-1
 Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue

City Charlotte	State NC	Zip Code 28207-2130
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Worrell Gen Agt Inc	Occupation Special Agent
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt MM / DD / YYYY
02 / 13 / 2009
Transaction ID: 20090309-1159-15-1
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue

City Charlotte	State NC	Zip Code 28207-2130
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Worrell Gen Agt Inc	Occupation Special Agent
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt MM / DD / YYYY
02 / 28 / 2009
Transaction ID: 20090309-2391-16-1
 Amount of Each Receipt this Period 100.00

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: PAGE 379 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue
City Charlotte State NC Zip Code 28207-2130
FEC ID number of contributing federal political committee. **C**
Name of Employer Worrell Gen Agt Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-1160-16-1
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue
City Charlotte State NC Zip Code 28207-2130
FEC ID number of contributing federal political committee. **C**
Name of Employer Worrell Gen Agt Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 20090413-1160-12-1
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue
City Charlotte State NC Zip Code 28207-2130
FEC ID number of contributing federal political committee. **C**
Name of Employer Worrell Gen Agt Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 04 / 15 / 2009
Transaction ID: 20090424-1160-11-0
Amount of Each Receipt this Period 100.00

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: PAGE 380 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue
City Charlotte State NC Zip Code 28207-2130
FEC ID number of contributing federal political committee. **C**
Name of Employer Worrell Gen Agt Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 04 / 30 / 2009
Transaction ID: 20090501-1160-12-0
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue
City Charlotte State NC Zip Code 28207-2130
FEC ID number of contributing federal political committee. **C**
Name of Employer Worrell Gen Agt Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 05 / 15 / 2009
Transaction ID: 20090518-1158-15-1
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
James R Worrell
Mailing Address 2218 Hopedale Avenue
City Charlotte State NC Zip Code 28207-2130
FEC ID number of contributing federal political committee. **C**
Name of Employer Worrell Gen Agt Inc Occupation Special Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 05 / 31 / 2009
Transaction ID: 20090602-1156-8-27
Amount of Each Receipt this Period 100.00

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: PAGE 381 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) James R Worrell		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 2218 Hopedale Avenue		Transaction ID: 20090701-1147-17-1
City Charlotte	State NC	Zip Code 28207-2130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Worrell Gen Agt Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.

Full Name (Last, First, Middle Initial) James R Worrell		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 2218 Hopedale Avenue		Transaction ID: 20090710-1149-15-1
City Charlotte	State NC	Zip Code 28207-2130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Worrell Gen Agt Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.

Full Name (Last, First, Middle Initial) John W Wright, II		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 4463 Jett Road Northwest		Transaction ID: 20090602-1202-8-27
City Atlanta	State GA	Zip Code 30327-3563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
Name of Employer Goodwin Wright Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	

SUBTOTAL of Receipts This Page (optional)	▶	220.84
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 382 / 439
(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 (Last, First, Middle Initial)
John W Wright, II

Mailing Address 4463 Jett Road Northwest

City Atlanta State GA Zip Code 30327-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Goodwin Wright Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 15 / 2009

Transaction ID: 20090701-1193-17-1

Amount of Each Receipt this Period 20.84

B.

Full Name (Last, First, Middle Initial)
John W Wright, II

Mailing Address 4463 Jett Road Northwest

City Atlanta State GA Zip Code 30327-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Goodwin Wright Inc Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 06 / 30 / 2009

Transaction ID: 20090710-1195-15-1

Amount of Each Receipt this Period 20.84

C.

Full Name (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City Wales State WI Zip Code 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 02 / 28 / 2009

Transaction ID: 20090309-2019-16-0

Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional) ► 96.68

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 383 / 439
(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 (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-789-16-0

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-789-12-0

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-790-11-0

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 384 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-790-12-0

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-789-15-0

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-788-8-27

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 385 / 439

(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 (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-783-17-0

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-785-15-0

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: 20090309-2208-16-0

Amount of Each Receipt this Period

56.00

SUBTOTAL of Receipts This Page (optional)

166.00

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 386 / 439
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: 20090330-978-16-0

Amount of Each Receipt this Period
56.00

B.

Full Name (Last, First, Middle Initial)
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-978-12-0

Amount of Each Receipt this Period
56.00

C.

Full Name (Last, First, Middle Initial)
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-979-11-0

Amount of Each Receipt this Period
56.00

SUBTOTAL of Receipts This Page (optional) ► **168.00**

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 387 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-979-12-0

Amount of Each Receipt this Period
56.00

B.

Full Name (Last, First, Middle Initial)
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 20090518-978-15-0

Amount of Each Receipt this Period
56.00

C.

Full Name (Last, First, Middle Initial)
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-976-8-27

Amount of Each Receipt this Period
56.00

SUBTOTAL of Receipts This Page (optional) ► **168.00**

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 388 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Michael L. Youngman
Mailing Address 716 E Sylvan Avenue
City State Zip Code
Whitefish Bay WI 53217-5350
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Govt Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.00
Date of Receipt 06 / 15 / 2009
Transaction ID: 20090701-970-17-0
Amount of Each Receipt this Period 56.00

B. Full Name (Last, First, Middle Initial)
Michael L. Youngman
Mailing Address 716 E Sylvan Avenue
City State Zip Code
Whitefish Bay WI 53217-5350
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Govt Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.00
Date of Receipt 06 / 30 / 2009
Transaction ID: 20090710-972-15-0
Amount of Each Receipt this Period 56.00

C. Full Name (Last, First, Middle Initial)
T. Scott Zach
Mailing Address 6630 County Creek Lane
City State Zip Code
Cedar Rapids IA 52403-7023
FEC ID number of contributing federal political committee. **C**
Name of Employer T Scott Zach Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00
Date of Receipt 03 / 15 / 2009
Transaction ID: 20090330-1218-16-1
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 154.00
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 389 / 439
(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 (Last, First, Middle Initial) T. Scott Zach		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 6630 County Creek Lane		Transaction ID: 20090413-1218-12-1		
	City Cedar Rapids	State IA	Zip Code 52403-7023	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer T Scott Zach	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

B.	Full Name (Last, First, Middle Initial) T. Scott Zach		Date of Receipt MM / DD / YYYY 04 / 15 / 2009		
	Mailing Address 6630 County Creek Lane		Transaction ID: 20090424-1218-11-0		
	City Cedar Rapids	State IA	Zip Code 52403-7023	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer T Scott Zach	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

C.	Full Name (Last, First, Middle Initial) T. Scott Zach		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address 6630 County Creek Lane		Transaction ID: 20090501-1218-12-0		
	City Cedar Rapids	State IA	Zip Code 52403-7023	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer T Scott Zach	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

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 390 / 439
	<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.	Full Name (Last, First, Middle Initial) T. Scott Zach		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 6630 County Creek Lane		Transaction ID: 20090518-1216-15-1		
	City Cedar Rapids	State IA	Zip Code 52403-7023	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer T Scott Zach	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

B.	Full Name (Last, First, Middle Initial) T. Scott Zach		Date of Receipt MM / DD / YYYY 05 / 31 / 2009		
	Mailing Address 6630 County Creek Lane		Transaction ID: 20090602-1214-8-27		
	City Cedar Rapids	State IA	Zip Code 52403-7023	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer T Scott Zach	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

C.	Full Name (Last, First, Middle Initial) T. Scott Zach		Date of Receipt MM / DD / YYYY 06 / 15 / 2009		
	Mailing Address 6630 County Creek Lane		Transaction ID: 20090701-1205-17-1		
	City Cedar Rapids	State IA	Zip Code 52403-7023	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer T Scott Zach	Occupation General Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

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: PAGE 391 / 439
(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 (Last, First, Middle Initial) T. Scott Zach		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 6630 County Creek Lane		Transaction ID: 20090710-1207-15-1
City Cedar Rapids	State Zip Code IA 52403-7023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer T Scott Zach	Occupation General Agent	Aggregate Year-to-Date ▼ 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Thomas D. Zale		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 2818 E Menlo Boulevard		Transaction ID: 20090330-815-16-0
City Shorewood	State Zip Code WI 53211-2652	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Managing Director	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Thomas D. Zale		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 2818 E Menlo Boulevard		Transaction ID: 20090413-815-12-0
City Shorewood	State Zip Code WI 53211-2652	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Managing Director	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	142.00
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 392 / 439
(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 (Last, First, Middle Initial)
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City Shorewood State WI Zip Code 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 15 / 2009

Transaction ID: 20090424-816-11-0

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City Shorewood State WI Zip Code 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 20090501-816-12-0

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City Shorewood State WI Zip Code 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 15 / 2009

Transaction ID: 20090518-815-15-0

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 393 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City State Zip Code
Shorewood WI 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: 20090602-814-8-27

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City State Zip Code
Shorewood WI 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2009

Transaction ID: 20090701-809-17-0

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City State Zip Code
Shorewood WI 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 20090710-811-15-0

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 394 / 439
	<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 (Last, First, Middle Initial) Diana M. Zawada	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address N1 W311143 Wildwood	Transaction ID: 20090701-785-17-0
	City State Zip Code Delafield WI 53018	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Dir Exp Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

B.	Full Name (Last, First, Middle Initial) Diana M. Zawada	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address N1 W311143 Wildwood	Transaction ID: 20090710-787-15-0
	City State Zip Code Delafield WI 53018	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Dir Exp Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

C.	Full Name (Last, First, Middle Initial) Rick T. Zehner	Date of Receipt MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 203 W Ravine Baye	Transaction ID: 20090330-995-16-0
	City State Zip Code Bayside WI 53217-1334	Amount of Each Receipt this Period 44.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Dist Strat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 528.00	

SUBTOTAL of Receipts This Page (optional)	82.00
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 395 / 439
(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 (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 20090413-995-12-0

Amount of Each Receipt this Period
44.00

B.

Full Name (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: 20090424-996-11-0

Amount of Each Receipt this Period
44.00

C.

Full Name (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: 20090501-996-12-0

Amount of Each Receipt this Period
44.00

SUBTOTAL of Receipts This Page (optional) ► **132.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 439
(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 (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-995-15-0

Amount of Each Receipt this Period
44.00

B.

Full Name (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-993-8-27

Amount of Each Receipt this Period
44.00

C.

Full Name (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-987-17-0

Amount of Each Receipt this Period
44.00

SUBTOTAL of Receipts This Page (optional) ► **132.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 439
(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 (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 528.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-989-15-0

Amount of Each Receipt this Period
44.00

B.

Full Name (Last, First, Middle Initial)
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code
River Hills WI 53217-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 20090123-4566-15-57

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code
River Hills WI 53217-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 20090206-1023-16-0

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶

460.00

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 398 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090309-1021-15-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090309-2253-16-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090330-1023-16-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 399 / 439
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090413-1023-12-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090424-1024-11-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090501-1024-12-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 400 / 439
(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 (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090518-1023-15-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 05 / 31 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090602-1021-8-27
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090701-1014-17-0
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 401 / 439
(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 (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 2505 W Dean Road		Transaction ID: 20090710-1016-15-0
City River Hills	State Zip Code WI 53217-2010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President & CEO	Aggregate Year-to-Date 2496.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 01 / 15 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090123-4727-15-58
City Avon	State Zip Code CT 06001-4413	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	Aggregate Year-to-Date 2496.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090206-1183-16-1
City Avon	State Zip Code CT 06001-4413	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	Aggregate Year-to-Date 2496.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: PAGE 402 / 439
(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 (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090309-1181-15-1
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090309-2413-16-1
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090330-1182-16-1
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 403 / 439
(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 (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090413-1182-12-1
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 04 / 15 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090424-1182-11-0
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 104 Wildwood Drive		Transaction ID: 20090501-1182-12-0
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Jeffrey Zuzolo	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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: PAGE 404 / 439

(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 (Last, First, Middle Initial)
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City State Zip Code
Avon CT 06001-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jeffrey Zuzolo General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 20090518-1180-15-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City State Zip Code
Avon CT 06001-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jeffrey Zuzolo General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: 20090602-1178-8-27

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City State Zip Code
Avon CT 06001-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jeffrey Zuzolo General Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 20090701-1169-17-1

Amount of Each Receipt this Period

208.00

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: PAGE 405 / 439
(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 (Last, First, Middle Initial)
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City Avon State CT Zip Code 06001-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeffrey Zuzolo Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: 20090710-1171-15-1

Amount of Each Receipt this Period
 208.00

Aggregate Year-to-Date ▼
 2496.00

SUBTOTAL of Receipts This Page (optional)	▶	208.00
TOTAL This Period (last page this line number only)	▶	116003.38

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 439
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Ryan for Congress

Mailing Address PO Box 1919

City State Zip Code
Janesville WI 53547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 9

Transaction ID: 4daeb27a6d17bdb49b0

Amount of Each Receipt this Period
1000.00

Refund of Oct-08 Disbursement

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 407 / 439

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) US Bank	Transaction ID: af2bb84605fb8a9437b
	Mailing Address 777 E. Wisconsin Ave.	Date of Disbursement MM / DD / YYYY 05 / 14 / 2009
	City Milwaukee State WI Zip Code 53202	Amount of Each Disbursement this Period 60.51
	Purpose of Disbursement Service Charge Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Bank	Transaction ID: a7cffef09c2a34cce6a
	Mailing Address 777 E. Wisconsin Ave.	Date of Disbursement MM / DD / YYYY 06 / 12 / 2009
	City Milwaukee State WI Zip Code 53202	Amount of Each Disbursement this Period 59.18
	Purpose of Disbursement Service Charge Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	119.69
TOTAL This Period (last page this line number only)	119.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) American Council of Life Insurers Political Action Committee Mailing Address 101 Constitution Ave., NW Suite 700 City Washington State DC Zip Code 20001 Purpose of Disbursement 2009 Contribution Candidate Name American Council of Life Insurers Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: d8bdc1ac54092efeb8c Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America Mailing Address 607 14th Street, NW, Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2009 Contribution Candidate Name AMERIPAC: The Fund for a Greater America Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 0b03ebb4865b1d037e5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America Mailing Address 607 14th Street, NW, Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2009 Contribution Candidate Name AMERIPAC: The Fund for a Greater America Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 93fc800e96e1b009bb2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 409 / 439

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Bachus for Congress Committee <hr/> Mailing Address PO Box 131134 <hr/> City Birmingham State AL Zip Code 35213 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Spencer T. Bachus, III <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06	Transaction ID: 30c696f3b18b878c2a1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) BADGERPAC <hr/> Mailing Address 1831 Bay Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name BADGERPAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 81db9aad2c929d7d73e Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Barney Frank <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04	Transaction ID: 4155f84ff4f121df20f Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Barney Frank <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7ca89d0f35df8495e57 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Robert F. Bennett <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: b63ea247d0ea18d5f7f Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bill Nelson for U S Senate <hr/> Mailing Address 500 Red Sail Way <hr/> City Satellite Beach State FL Zip Code 32937 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Bill Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ff64d132ccfbb41e83a Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Blaine for Congress 2010	Transaction ID: 34b5b1879723072b4a5
	Mailing Address PO Box 1526	Date of Disbursement 03 / 19 / 2009
	City Columbia State MO Zip Code 65205	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/Type
	Candidate Name Blaine Luetkemeyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: ce4dd3424f186c77e54
	Mailing Address 400 N Capitol St NW #585	Date of Disbursement 04 / 14 / 2009
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2009 Contribution	011 Category/Type
	Candidate Name Bluegrass Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

C.	Full Name (Last, First, Middle Initial) Bob Corker for Senate 2012	Transaction ID: 18fdcac2d64c946ef26
	Mailing Address PO Box 848	Date of Disbursement 06 / 05 / 2009
	City Chattanooga State TN Zip Code 37401	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2012 Primary	011 Category/Type
	Candidate Name Bob Corker	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Cantor for Congress <hr/> Mailing Address PO Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Eric I. Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 551feb4639ddf73e99d Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael N. Castle <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: b808387fe40a0f867fc Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter <hr/> Mailing Address 236 Massachusetts Avenue NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Arlen Specter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5d984e2fe075a77d48e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Citizens for Tom Petri <hr/> Mailing Address PO Box 270 <hr/> City State Zip Code Fond Du Lac WI 54936 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Thomas E. Petri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: c5235380294a58c04da Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Citizens for Tom Petri <hr/> Mailing Address PO Box 270 <hr/> City State Zip Code Fond Du Lac WI 54936 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Thomas E. Petri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61b8fd5cfb9ca982632 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC) <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City State Zip Code Midland MI 48640 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Continuing a Majority Party Action Committee (CAMP-AC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 46a0ad86480237382ac Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) DAKPAC <hr/> Mailing Address 607 14th Street, NW, Suite 800 <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement 2009 Contribution Candidate Name DAKPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: e7d72f708a999447dfc Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin <hr/> Mailing Address 110 King Street Suite 203 <hr/> City Madison State WI Zip Code 53703 Purpose of Disbursement 2009 Contribution Candidate Name Democratic Party of Wisconsin Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: c3fc9553f2fb60f0c27 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee <hr/> Mailing Address 120 Maryland Avenue NE <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement 2009 Contribution Candidate Name Democratic Senatorial Campaign Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 6cfec5f602c495e5b7e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 7500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	17500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8c0a39fa885c167339d Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2010 General Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 79b526d7d613dd9362a Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ed Royce for Congress <hr/> Mailing Address PO Box 2525 <hr/> City Orange State CA Zip Code 92859 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Edward R. Royce <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2e0fdb4c00e503372a9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Ed Royce for Congress <hr/> Mailing Address PO Box 2525 <hr/> City Orange State CA Zip Code 92859 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Edward R. Royce <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 40	Transaction ID: de51a51817ed3ee844e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Every Republican Is Crucial (ERICPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 3667a9879b1f82b95c9 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Feingold Senate Committee <hr/> Mailing Address PO Box 620062 <hr/> City Middleton State WI Zip Code 53562 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Russell D. Feingold <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District:	Transaction ID: d08ac0b9402be4659fa Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Financial Services Roundtable PAC <hr/> Mailing Address 1001 Pennsylvania Avenue, NW Suite 500 South <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Financial Services Roundtable PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution State: District:	Transaction ID: d3fab07e553df92089c Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
B. Full Name (Last, First, Middle Initial) Friends for Gregory Meeks <hr/> Mailing Address 153-01 Jamaica Ave. Suite 535 <hr/> City Jamaica State NY Zip Code 11432 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gregory W. Meeks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution State: NY District: 06	Transaction ID: 38d43facb682e317bd1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
C. Full Name (Last, First, Middle Initial) Friends for Jim McDermott <hr/> Mailing Address PO Box 21786 <hr/> City Seattle State WA Zip Code 98111 <hr/> Purpose of Disbursement 2010 General Candidate Name Jim McDermott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution State: WA District: 07	Transaction ID: 640cd0d7f0cbd4ecb8b Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	Transaction ID: af65796b706c6e42a29
	Mailing Address PO Box 871	Date of Disbursement 01 / 12 / 2009
	City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/Type
	Candidate Name Byron L. Dorgan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 326d6cc5a0bf011dd64
	Mailing Address PO Box 270701	Date of Disbursement 05 / 08 / 2009
	City West Hartford State CT Zip Code 06127	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 General	011 Category/Type
	Candidate Name Christopher J. Dodd	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: 1a6c14097a6bf5970b4
	Mailing Address PO Box 74	Date of Disbursement 04 / 21 / 2009
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/Type
	Candidate Name Daniel Benjamin Maffei	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Friends of Dave Reichert <hr/> Mailing Address PO Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement 2010 General Candidate Name David G. Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7dfdc095ed891eab999 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Dave Reichert <hr/> Mailing Address PO Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement 2010 Primary Candidate Name David G. Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8798b7168e7ed9cd956 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of John Tanner <hr/> Mailing Address Post Office Box 1994 <hr/> City Union City State TN Zip Code 38281 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John S. Tanner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ebf72318e525ca9168a Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Friends of Kent Conrad		Transaction ID: 141b803f97df2a2b3da	
	Mailing Address PO Box 812		Date of Disbursement 06 / 04 / 2009	
	City Bismarck	State ND	Zip Code 58502	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement 2012 Primary		Category/ Type 011	
Candidate Name Kent Conrad				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND District:				
B.	Full Name (Last, First, Middle Initial) Friends of Kent Conrad		Transaction ID: 18dd125637329bf27fe	
	Mailing Address PO Box 812		Date of Disbursement 06 / 05 / 2009	
	City Bismarck	State ND	Zip Code 58502	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2012 General		Category/ Type 011	
Candidate Name Kent Conrad				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND District:				
C.	Full Name (Last, First, Middle Initial) Friends of Max Baucus		Transaction ID: 04b07f82fbbc16d5c04	
	Mailing Address PO Box 586		Date of Disbursement 02 / 19 / 2009	
	City Helena	State MT	Zip Code 59624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2014 Primary		Category/ Type 011	
Candidate Name Max S. Baucus				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT District:				

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8ae24c4cb29bd5e971f Date of Disbursement 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3632e13169ef655425e Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 699f8a0f37ea51f0a1b Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Grassley Committee Inc	Transaction ID: d1c060b1fdd3ce49fd7
	Mailing Address PO Box 1000	Date of Disbursement MM / DD / YYYY 02 / 24 / 2009
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period 151.25
	Purpose of Disbursement 2010 Primary	011 Category/ Type
	Candidate Name Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:	

B.	Full Name (Last, First, Middle Initial) Grassley Committee Inc	Transaction ID: a7f0d2af05e2944242c
	Mailing Address PO Box 1000	Date of Disbursement MM / DD / YYYY 03 / 03 / 2009
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period 848.75
	Purpose of Disbursement 2010 General	011 Category/ Type
	Candidate Name Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:	

C.	Full Name (Last, First, Middle Initial) Grassley Committee Inc	Transaction ID: b3d5f1aad445e8c173a
	Mailing Address PO Box 1000	Date of Disbursement MM / DD / YYYY 03 / 11 / 2009
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period 4151.25
	Purpose of Disbursement 2010 General	011 Category/ Type
	Candidate Name Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:	

SUBTOTAL of Disbursements This Page (optional)	5151.25
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Hawkeye PAC, The Mailing Address PO Box 7255 City Des Moines State IA Zip Code 50309 Purpose of Disbursement 2009 Contribution Candidate Name Hawkeye PAC, The Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: d5ccff1ef8fd4427c22 Date of Disbursement 03 / 19 / 2009
	Amount of Each Disbursement this Period 3500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John Campbell for Congress Mailing Address 4590 Macarthur Boulevard Suite 500 City Newport Beach State CA Zip Code 92660 Purpose of Disbursement 2010 Primary Candidate Name John B. T. Campbell, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 48	Transaction ID: 9792bb4a488ed09b874 Date of Disbursement 06 / 01 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kagen 4 Congress Mailing Address 100 W. College Ave. 50 D City Appleton State WI Zip Code 54911 Purpose of Disbursement 2010 Primary Candidate Name Steven L. Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 08	Transaction ID: e57fa6136272c4d488e Date of Disbursement 03 / 12 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 424 / 439

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Steven L. Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0e829f2a2363e1970d3</p> <p>Date of Disbursement MM / DD / YYYY 05 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kind for Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: afa1d02a335fe33d9cd</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Kind for Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2bc345e05ee85a6699c</p> <p>Date of Disbursement MM / DD / YYYY 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	9500.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Klobuchar for Minnesota 2012 <hr/> Mailing Address PO Box 4146 <hr/> City St Paul State MN Zip Code 55104 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Amy Klobuchar <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: fa3043d27d06f76dfab Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Lance for Congress <hr/> Mailing Address PO Box 225 <hr/> City Colonia State NJ Zip Code 07067 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Leonard Lance <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: f38b5f15232d0b23b5b Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John B. Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: adeae6684b6cf571de8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Levin for Congress <hr/> Mailing Address PO Box 37 <hr/> City Roseville State MI Zip Code 48066 Purpose of Disbursement 2010 Primary Candidate Name Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30a3a7060c6bd4d8733 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Levin for Congress <hr/> Mailing Address PO Box 37 <hr/> City Roseville State MI Zip Code 48066 Purpose of Disbursement 2010 Primary Candidate Name Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7d6b6f269ffe4831848 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Levin for Congress <hr/> Mailing Address PO Box 37 <hr/> City Roseville State MI Zip Code 48066 Purpose of Disbursement 2010 General Candidate Name Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1e16a8ae91fe8c768f5 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Levin for Congress</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: c4a7cce3141062998f4</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lummis for Congress</p> <p>Mailing Address 2015 Central Ave. Suite 200</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Cynthia M. Lummis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WY District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: d73263cdf537d49e1e2</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Madison PAC, The</p> <p>Mailing Address 235 State Street #206</p> <p>City Springfield State MA Zip Code 01103</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Madison PAC, The</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 4d80290da5ee5e304da</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Maloney for Congress	Transaction ID: 275acc8e0fcb665e5ba
	Mailing Address 49 East 92nd Street	Date of Disbursement MM / DD / YYYY 02 / 24 / 2009
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/Type
	Candidate Name Carolyn B. Maloney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 14	

B.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '14	Transaction ID: dd26ea5da7981d3313c
	Mailing Address PO Box 1496	Date of Disbursement MM / DD / YYYY 05 / 04 / 2009
	City Louisville State KY Zip Code 40201	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2014 Primary	011 Category/Type
	Candidate Name Mitch McConnell	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District:	

C.	Full Name (Last, First, Middle Initial) Melissa Bean for Congress	Transaction ID: 1953e029ce3496468fe
	Mailing Address PO Box 3068	Date of Disbursement MM / DD / YYYY 02 / 24 / 2009
	City Barrington State IL Zip Code 60010	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/Type
	Candidate Name Melissa Luburich Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 08	

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Melissa Bean for Congress <hr/> Mailing Address PO Box 3068 <hr/> City Barrington State IL Zip Code 60010 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Melissa Luburich Bean <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08	Transaction ID: 9f6aaf263d1f44919f9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael D. Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Transaction ID: 2b67e809911ad2a5e29 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Moore for Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gwendolynne Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 04	Transaction ID: 5820ba8fb4cd7202b3b Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Moore for Congress Mailing Address PO Box 14631 City Shawnee Mission State KS Zip Code 66285 Purpose of Disbursement 2010 Primary Candidate Name Dennis Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: cac7c8f744a167ba080 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Contribution

B. Full Name (Last, First, Middle Initial) National Leadership PAC Mailing Address PO Box 5577 City New York State NY Zip Code 10027 Purpose of Disbursement 2009 Contribution Candidate Name National Leadership PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 2b3ec01845a41fde970 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Contribution

C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee Mailing Address 320 First Street City Washington State DC Zip Code 20003 Purpose of Disbursement 2009 Contribution Candidate Name National Republican Congressional Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: c96ce8ddc4618a84f31 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 7500.00
	Category/Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement 2012 General</p> <p>Candidate Name E. Benjamin Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5f50a58b48296bf46a0</p> <p>Date of Disbursement 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee AKA NDC PAC</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name New Democrat Coalition Political Action Committee AKA NDC PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: de8ba3db200408ee211</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Pascrell for Congress</p> <p>Mailing Address PO Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9fbb745a5c8acb79312</p> <p>Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: c8b4ef1ae4aa7514fb7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ab37a450efc49ea0bb2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth <hr/> Mailing Address 7804 Evening Lane <hr/> City Alexandria State VA Zip Code 22306 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name People for Enterprise Trade and Economic Growth <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: f0fe1bdd28e11e9d84f Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Contribution

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign	Transaction ID: 9e8c63f94b4caaaa4cc Date of Disbursement
	Mailing Address PO Box 3662	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 General	<input type="text" value="1000.00"/>
	Candidate Name Patty Murray	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Portman for Senate Committee	Transaction ID: 3cef5f12bd7d56713e2 Date of Disbursement
	Mailing Address 8331 Little Harbor Drive	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Cincinnati State OH Zip Code 45244	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="5000.00"/>
	Candidate Name Rob Portman	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Prosperity PAC	Transaction ID: 6122ae683d79c2827f6 Date of Disbursement
	Mailing Address 1006 Pendleton Street	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	<input type="text" value="5000.00"/>
	Candidate Name Prosperity PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4e3b48287cd98a54566 Date of Disbursement: 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Republican Party of Wisconsin</p> <p>Mailing Address 148 E. Johnson Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Republican Party of Wisconsin</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: b27ed7a3c4808984408 Date of Disbursement: 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32bed68e6076b722e83 Date of Disbursement: 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 Purpose of Disbursement 2010 Primary Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ab88e05daf14f068d0a Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 Purpose of Disbursement 2010 General Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 439dd4d4a3eb5e65c96 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Securities Industry and Financial Markets Association Political Action Committee <hr/> Mailing Address 1101 New York Avenue, NW 8th Floor <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement 2009 Contribution Candidate Name Securities Industry and Financial Markets Association Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7b75ac049dab2c587b8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 436 / 439

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Sensenbrenner Committee <hr/> Mailing Address PO Box 575 <hr/> City Brookfield State WI Zip Code 53008 <hr/> Purpose of Disbursement 2010 Primary Candidate Name F. James Sensenbrenner, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: d3907b17c6f369919de Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress <hr/> Mailing Address PO Box 11519 <hr/> City Charleston State WV Zip Code 25339 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Shelley Moore Capito <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: a379df68eb7d7ca91e2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Steve Austria for Congress <hr/> Mailing Address 20 S Limestone St Suite 390 <hr/> City Springfield State OH Zip Code 45502 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Steven Austria <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 67a231fd30222795bf4 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress	Transaction ID: 6b5091a6008b72ab305
	Mailing Address PO Box 696	Date of Disbursement 04 / 14 / 2009
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary Candidate Name Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress	Transaction ID: e23d47c88e4e58712f1
	Mailing Address PO Box 696	Date of Disbursement 06 / 01 / 2009
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary Candidate Name Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) Tiberi for Congress	Transaction ID: e9ba227df4c22aa07fe
	Mailing Address 2931 E Dublin Granville Road Suite 190	Date of Disbursement 05 / 08 / 2009
	City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 Primary Candidate Name Pat Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: 885edc0bc64cc92e21d Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement 2010 General Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: b12e793ab0961fbf57e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: f87538caa27fa8f108b Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

225151.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Association of California Life & Health Insurance Companies PAC Mailing Address 1201 K Street Suite 1820 City Sacramento State CA Zip Code 95814-3918 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: f0782b40c3b2c1dd1d0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 6500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Life Insurance Council of New York Political Action Committee (LICONYPAC) Mailing Address 111 Washington Avenue, Suite 300 City Albany State NY Zip Code 12210 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8383a91f9db73d6347d Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

11500.00