

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 Milwaukee WI 53202 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2010 through 08 31 2010

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 09 14 2010

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

Table with 8 columns and 1 row for Office Use Only

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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		183558.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	145856.60									
(c) Total Receipts (from Line 19) .....	30419.60	245175.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	176276.20	428734.03								
7. Total Disbursements (from Line 31) .....	11558.57	264016.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	164717.63	164717.63								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	25388.64	177075.78
(ii) Unitemized .....	5029.84	63090.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	30418.48	240166.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	30418.48	240166.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.12	9.31
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)) .....	30419.60	245175.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30419.60	245175.81

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	58.57	516.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	58.57	516.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	252000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	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))..	11558.57	264016.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11558.57	264016.40

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	30418.48	240166.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30418.48	240166.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	58.57	516.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	58.57	516.40

**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 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark J. Backe		Date of Receipt MM / DD / YYYY 08 / 15 / 2010		
	Mailing Address 4419 N Wildwood Ave		<b>Transaction ID:</b> 201008121027-652		
	City Shorewood	State WI	Zip Code 53211-1408	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Ast Gn Cnl/Ins			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark J. Backe		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 4419 N Wildwood Ave		<b>Transaction ID:</b> 201008271915-652		
	City Shorewood	State WI	Zip Code 53211-1408	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Ast Gn Cnl/Ins			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt MM / DD / YYYY 08 / 15 / 2010		
	Mailing Address 19820 Tralee Ct		<b>Transaction ID:</b> 201008121027-691		
	City Brookfield	State WI	Zip Code 53045-2129	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 692.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(check only one)

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

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 ▼  
692.00

Date of Receipt  
08 / 31 / 2010

**Transaction ID:** 201008271915-691

Amount of Each Receipt this Period  
20.00

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

Mailing Address 8700 W Bennington Ct

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 ▼  
372.00

Date of Receipt  
08 / 15 / 2010

**Transaction ID:** 201008121027-671

Amount of Each Receipt this Period  
18.00

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

Mailing Address 8700 W Bennington Ct

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 ▼  
372.00

Date of Receipt  
08 / 31 / 2010

**Transaction ID:** 201008271915-671

Amount of Each Receipt this Period  
18.00

**SUBTOTAL** of Receipts This Page (optional) ..... 56.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="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)  
Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation Dir Strat Plng & Cnsltg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008121027-821

Amount of Each Receipt this Period 15.00

**B.**

Full Name (Last, First, Middle Initial)  
Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City Cedarburg State WI Zip Code 53012

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

Name of Employer NML Occupation Dir Strat Plng & Cnsltg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 201008271915-821

Amount of Each Receipt this Period 15.00

**C.**

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

Mailing Address 1671 Deer Springs Cir

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-6

Amount of Each Receipt this Period 42.00

**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 9 / 127  
(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 Cir  
City Bettendorf State IA Zip Code 52722-7148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-6  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas P. Bates  
Mailing Address 5413 Mount Corcoran PI  
City Burke State VA Zip Code 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 ▼ 560.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-547  
Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
Douglas P. Bates  
Mailing Address 5413 Mount Corcoran PI  
City Burke State VA Zip Code 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 ▼ 560.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-547  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="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)  
Blaise C. Beaulier

Mailing Address 23300 Dover Line Rd

City Waterford State WI Zip Code 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-962  
 Amount of Each Receipt this Period 26.00

**B.**

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

Mailing Address 23300 Dover Line Rd

City Waterford State WI Zip Code 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-962  
 Amount of Each Receipt this Period 26.00

**C.**

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

Mailing Address 3387 Hampton Ct

City Thousand Oaks State CA Zip Code 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 879.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-43  
 Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 177.00

**TOTAL** This Period (last page this line number 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 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 P. Bender

Mailing Address 116 Belden Hill Rd

City State Zip Code  
Wilton CT 06897-2911

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008151914-46

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 116 Belden Hill Rd

City State Zip Code  
Wilton CT 06897-2911

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 2010083119123-46

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 4141 N Murray Ave

City State Zip Code  
Shorewood WI 53211-2011

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

Name of Employer NML Occupation  
NML Ast Gn Cnl/Secur

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008121027-544

Amount of Each Receipt this Period

30.00

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

130.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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)  
Beth M. Berger

Mailing Address 4141 N Murray Ave

City Shorewood State WI Zip Code 53211-2011

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

Name of Employer NML Occupation Ast Gn Cnl/Secur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 201008271915-544

Amount of Each Receipt this Period 30.00

**B.**

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

Mailing Address 1140 Burnet St

City Brookfield State WI Zip Code 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 ▼ 360.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008121027-985

Amount of Each Receipt this Period 15.00

**C.**

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

Mailing Address 1140 Burnet St

City Brookfield State WI Zip Code 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 ▼ 360.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 201008271915-985

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

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

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 ▼ 729.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-38  
Amount of Each Receipt this Period 75.00

**B.**

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

Mailing Address 5460 Chelsea Ave

City La Jolla State CA Zip Code 92037-7607

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-18  
Amount of Each Receipt this Period 25.00

**C.**

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

Mailing Address 5460 Chelsea Ave

City La Jolla State CA Zip Code 92037-7607

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-18  
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 14 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 Ct

City State Zip Code  
Appleton WI 54914-8222

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

Name of Employer Self-Employed  
Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-73

Amount of Each Receipt this Period  
42.00

**B.**

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

Mailing Address 165 S Pine Ct

City State Zip Code  
Appleton WI 54914-8222

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

Name of Employer Self-Employed  
Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-73

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 8677 Alvarado Ct

City State Zip Code  
Inver Grove MN 55077-3121

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

Name of Employer Self-Employed  
Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3328.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-20

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 15 / 127

(check only one)

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

City State Zip Code  
Inver Grove MN 55077-3121

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 3328.00

Date of Receipt

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

Transaction ID: 2010083119123-20

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)  
Sandra L. Botcher

Mailing Address 15375 Kata Dr

City State Zip Code  
Elm Grove WI 53122-1028

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

Name of Employer Occupation  
NML VP - Era

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 464.00

Date of Receipt

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

Transaction ID: 201008121027-831

Amount of Each Receipt this Period

44.00

**C.**

Full Name (Last, First, Middle Initial)  
Sandra L. Botcher

Mailing Address 15375 Kata Dr

City State Zip Code  
Elm Grove WI 53122-1028

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

Name of Employer Occupation  
NML VP - Era

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 464.00

Date of Receipt

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

Transaction ID: 201008271915-831

Amount of Each Receipt this Period

44.00

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

296.00

**TOTAL** This Period (last page this line number 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 / 127  
(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 C. Boyle

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2010

**Transaction ID:** 201008121027-846

Amount of Each Receipt this Period 25.00

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 201008271915-846

Amount of Each Receipt this Period 25.00

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

Mailing Address 12877 N Cobblestone Ct

City Mequon State WI Zip Code 53097-1812

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

Name of Employer NML Occupation VP Agency Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 15 / 2010

**Transaction ID:** 201008121027-866

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: (check only one)	PAGE 17 / 127
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jennifer L. Brase		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 12877 N Cobblestone Ct		<b>Transaction ID:</b> 201008271915-866		
	City Mequon	State WI	Zip Code 53097-1812	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Agency Dev			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Kristofer D. Breitzman		Date of Receipt MM / DD / YYYY 08 / 15 / 2010		
	Mailing Address W290 N3649 Tall Tree		<b>Transaction ID:</b> 201008121027-946		
	City Pewaukee	State WI	Zip Code 53072	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Kristofer D. Breitzman		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address W290 N3649 Tall Tree		<b>Transaction ID:</b> 201008271915-946		
	City Pewaukee	State WI	Zip Code 53072	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael T Byrne		Date of Receipt	
	Mailing Address 395 La Casa Via		M M / D D / Y Y Y Y 08 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 201008151914-36
	Walnut Creek	CA	94598-4842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		125.00	
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 ▼ 1875.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan W. Callanan		Date of Receipt	
	Mailing Address 2736 N Shepard Ave		M M / D D / Y Y Y Y 08 / 31 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 201008271915-1070
	Milwaukee	WI	53211-3852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		18.00	
Name of Employer NML		Occupation Legislative Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael G. Carter		Date of Receipt	
	Mailing Address 7322 N Mohawk Rd		M M / D D / Y Y Y Y 08 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 201008121027-967
	Fox Point	WI	53217-3454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	218.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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)  
Michael G. Carter

Mailing Address 7322 N Mohawk Rd

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 ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-967

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 317 Evening Star Ln

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 ▼ 630.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-53

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 12 High Meadow Ln

City State Zip Code  
Amherst NH 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-52

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **242.00**

**TOTAL** This Period (last page this line number 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 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 G. Christensen

Mailing Address 12 High Meadow Ln

City State Zip Code  
Amherst NH 03031-2554

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: 2010083119123-52

Amount of Each Receipt this Period

125.00

**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 Occupation  
NML VP Compliance/Bp

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 864.00

Date of Receipt

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

Transaction ID: 201008121027-692

Amount of Each Receipt this Period

57.00

**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 Occupation  
NML VP Compliance/Bp

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 864.00

Date of Receipt

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

Transaction ID: 201008271915-692

Amount of Each Receipt this Period

57.00

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

239.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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)  
David D. Clark

Mailing Address 923 E Kilbourn Ave

City Milwaukee State WI Zip Code 53202-3493

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 ▼ 1864.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008121027-666

Amount of Each Receipt this Period 112.00

**B.**

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

Mailing Address 923 E Kilbourn Ave

City Milwaukee State WI Zip Code 53202-3493

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 ▼ 1864.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 201008271915-666

Amount of Each Receipt this Period 112.00

**C.**

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

Mailing Address 907 Williamson Dr

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-13

Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 432.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 127
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey		Date of Receipt
	Mailing Address 907 Williamson Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Raleigh	NC	27608-2307
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010083119123-13
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text" value="208.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3328.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt
	Mailing Address 2961 Belclaire Dr		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Frisco	TX	75034-5969
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201008151914-42
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text" value="208.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3328.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt
	Mailing Address 2961 Belclaire Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Frisco	TX	75034-5969
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010083119123-42
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text" value="208.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3328.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="624.00"/>
<b>TOTAL</b> 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 23 / 127  
(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)  
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 Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-35  
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 Centennial State CO Zip Code 80111-6009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-35  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Jefferson V. De Angelis  
Mailing Address 4449 W Donges Bay Rd  
City Mequon State WI Zip Code 53092-4883  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation President Msa  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2632.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-569  
Amount of Each Receipt this Period 151.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 251.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jefferson V. De Angelis		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 4449 W Donges Bay Rd		<b>Transaction ID:</b> 201008271915-569
	City Mequon	State WI	Zip Code 53092-4883
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 151.00
	Name of Employer NML	Occupation President Msa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2632.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 5799 Sunset Ln		<b>Transaction ID:</b> 201008151914-11
	City Indianapolis	State IN	Zip Code 46228-1447
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3328.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 5799 Sunset Ln		<b>Transaction ID:</b> 2010083119123-11
	City Indianapolis	State IN	Zip Code 46228-1447
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3328.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>567.00</b>
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-7

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 Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 2010083119123-7

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard P. Dodd

Mailing Address 7078 E Genesee St

City Fayetteville State NY Zip Code 13066-1123

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-39

Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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)  
Richard P. Dodd

Mailing Address 7078 E Genesee St

City Fayetteville State NY Zip Code 13066-1123

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-39

Amount of Each Receipt this Period 208.00

**B.**

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

Mailing Address 8420 N Pelican Ln

City River Hills State WI Zip Code 53217-2058

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

Name of Employer NML Occupation EVP & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-845

Amount of Each Receipt this Period 208.00

**C.**

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

Mailing Address 8420 N Pelican Ln

City River Hills State WI Zip Code 53217-2058

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

Name of Employer NML Occupation EVP & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-845

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 27 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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)  
Steven Dugal

Mailing Address 9 Falcon Dr

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 ▼ 3120.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-40

Amount of Each Receipt this Period  
208.00

**B.**

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

Mailing Address 9 Falcon Dr

City State Zip Code  
Mandeville LA 70471-2952

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-40

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
John E. Dunn

Mailing Address N71W31034 Lower Club Cir W

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 ▼ 592.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-620

Amount of Each Receipt this Period  
37.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 453.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

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

City Hartland State WI Zip Code 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 ▼ 592.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-620  
Amount of Each Receipt this Period 37.00

**B.**

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

Mailing Address 2520 Hanford Ln

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-44  
Amount of Each Receipt this Period 150.00

**C.**

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

Mailing Address 2520 Hanford Ln

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-44  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 337.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 ▼ 608.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2010

**Transaction ID:** 201008121027-882

Amount of Each Receipt this Period  
38.00

**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 ▼ 608.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** 201008271915-882

Amount of Each Receipt this Period  
38.00

**C.**

Full Name (Last, First, Middle Initial)  
Keith A. Erhard

Mailing Address 4807 Timberwood Ct

City State Zip Code  
West Des Moines IA 50265-5447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2010

**Transaction ID:** 201008151914-29

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **118.00**

**TOTAL** This Period (last page this line number 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 / 127  
(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)  
Keith A. Erhard  
Mailing Address 4807 Timberwood Ct  
City State Zip Code  
West Des Moines IA 50265-5447  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 672.00  
Date of Receipt MM / DD / YYYY  
08 / 31 / 2010  
Transaction ID: 2010083119123-29  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
John C. Ertz  
Mailing Address 18235 Shaker Blvd  
City State Zip Code  
Shaker Heights OH 44120-1754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1120.00  
Date of Receipt MM / DD / YYYY  
08 / 15 / 2010  
Transaction ID: 201008151914-28  
Amount of Each Receipt this Period 70.00

**C.** Full Name (Last, First, Middle Initial)  
John C. Ertz  
Mailing Address 18235 Shaker Blvd  
City State Zip Code  
Shaker Heights OH 44120-1754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1120.00  
Date of Receipt MM / DD / YYYY  
08 / 31 / 2010  
Transaction ID: 2010083119123-28  
Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 182.00  
**TOTAL** This Period (last page this line number 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 / 127  
(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)  
Christina H. Fiasca

Mailing Address 9230 N Fairway Dr

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 ▼ 1360.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-909  
 Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
Christina H. Fiasca

Mailing Address 9230 N Fairway Dr

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 ▼ 1360.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-909  
 Amount of Each Receipt this Period 85.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel M. Flesch

Mailing Address 369 Sunshine Dr

City Hartland State WI Zip Code 53029-8559

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 ▼ 240.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-913  
 Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

**TOTAL** This Period (last page this line number 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 / 127  
(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)  
Daniel M. Flesch

Mailing Address 369 Sunshine Dr

City State Zip Code  
Hartland WI 53029-8559

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 ▼ 240.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: 201008271915-913  
Amount of Each Receipt this Period: 15.00

**B.** Full Name (Last, First, Middle Initial)  
John E. Fobes, II

Mailing Address 1638 del Dayo Dr

City State Zip Code  
Carmichael CA 95608-6052

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt: 08 / 15 / 2010  
Transaction ID: 201008151914-32  
Amount of Each Receipt this Period: 208.00

**C.** Full Name (Last, First, Middle Initial)  
John E. Fobes, II

Mailing Address 1638 Del Dayo Dr

City State Zip Code  
Carmichael CA 95608-6052

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: 2010083119123-32  
Amount of Each Receipt this Period: 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 431.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Donald Forecki

Mailing Address 208 Laurel Ln

City State Zip Code  
South Milwaukee WI 53172-1071

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

Name of Employer NML Occupation Dir Inv Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-774

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald Forecki

Mailing Address 208 Laurel Ln

City State Zip Code  
South Milwaukee WI 53172-1071

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

Name of Employer NML Occupation Dir Inv Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-774

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Lee M. Fortenberry

Mailing Address 115 Hillside Rd

City State Zip Code  
Mechanicsburg PA 17050-1728

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-54

Amount of Each Receipt this Period  
42.00

**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 34 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Lee M. Fortenberry

Mailing Address 115 Hillside Rd

City State Zip Code  
Mechanicsburg PA 17050-1728

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-54

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Lance P. Franczyk

Mailing Address 2224 E 24th St

City State Zip Code  
Tulsa OK 74114-2912

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 804.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-56

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Lance P. Franczyk

Mailing Address 2224 E 24th St

City State Zip Code  
Tulsa OK 74114-2912

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 804.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-56

Amount of Each Receipt this Period  
75.00

**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: (check only one)	PAGE 35 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen J. Frankl	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1462 Willow Dr	<b>Transaction ID:</b> 201008271915-1060
	City State Zip Code Port Washington WI 53074-2464	Amount of Each Receipt this Period 13.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation Dir Di Sls Strt Spt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert T. Frieling	Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 5 Gennaro Cir	<b>Transaction ID:</b> 201008151914-27
	City State Zip Code Wayland MA 01778-4436	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation General Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert T. Frieling	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 5 Gennaro Cir	<b>Transaction ID:</b> 2010083119123-27
	City State Zip Code Wayland MA 01778-4436	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation General Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>263.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 127
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheila M. Gavin		Date of Receipt
	Mailing Address 5735 N Crestwood Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2010
	City	State	Zip Code
	Glendale	WI	53209-4309
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201008121027-1034
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Ast Gn Cnl/Ins	<input type="text"/> 27.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 432.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Sheila M. Gavin		Date of Receipt
	Mailing Address 5735 N Crestwood Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2010
	City	State	Zip Code
	Glendale	WI	53209-4309
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201008271915-1034
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Ast Gn Cnl/Ins	<input type="text"/> 27.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 432.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy J. Gerend		Date of Receipt
	Mailing Address 5421 N Idlewild Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2010
	City	State	Zip Code
	Whitefish Bay	WI	53217-5331
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201008121027-614
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		VP Field Comp & Plg	<input type="text"/> 30.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 420.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 84.00
<b>TOTAL</b> 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 37 / 127  
(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)  
Timothy J. Gerend

Mailing Address 5421 N Idlewild Ave

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 ▼ 420.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-614

Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Walter M. Givler

Mailing Address 13040 W Hawthorne Ln

City State Zip Code  
New Berlin WI 53151-8742

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation  
VP Acctg Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-609

Amount of Each Receipt this Period 15.00

**C.** Full Name (Last, First, Middle Initial)  
Walter M. Givler

Mailing Address 13040 W Hawthorne Ln

City State Zip Code  
New Berlin WI 53151-8742

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation  
VP Acctg Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-609

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... 60.00

**TOTAL** This Period (last page this line number 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 / 127  
(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 P. Glazier

Mailing Address W299S8578 State Road

City State Zip Code  
Mukwonago WI 53149

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

Name of Employer Occupation  
NML Director Actuarial Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-504

Amount of Each Receipt this Period  
14.00

**B.** Full Name (Last, First, Middle Initial)  
Mitchell B. Glover

Mailing Address 6700 Old Darby Trl NE

City State Zip Code  
Ada MI 49301-8360

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-25

Amount of Each Receipt this Period  
125.00

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

Mailing Address 6700 Old Darby Trl NE

City State Zip Code  
Ada MI 49301-8360

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-25

Amount of Each Receipt this Period  
125.00

**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 39 / 127  
(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 ▼ 1008.00

Date of Receipt: 08 / 15 / 2010  
Transaction ID: 201008121027-561  
Amount of Each Receipt this Period: 63.00

**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 ▼ 1008.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: 201008271915-561  
Amount of Each Receipt this Period: 63.00

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

Mailing Address 8042 Cheverny Dr

City State Zip Code  
Mequon WI 53097-2532

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 15 / 2010  
Transaction ID: 201008151914-37  
Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 251.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 127
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Goris, Jr.	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 8042 Cheverny Dr	<b>Transaction ID:</b> 2010083119123-37
	City State Zip Code Mequon WI 53097-2532	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed Occupation General Insurance Agent	Aggregate Year-to-Date 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Karl G. Gouverneur	Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 12895 N Cobblestone Ct	<b>Transaction ID:</b> 201008121027-1098
	City State Zip Code Mequon WI 53097-1812	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NML Occupation VP & Chief Tech Architect	Aggregate Year-to-Date 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Karl G. Gouverneur	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 12895 N Cobblestone Ct	<b>Transaction ID:</b> 201008271915-1098
	City State Zip Code Mequon WI 53097-1812	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NML Occupation VP & Chief Tech Architect	Aggregate Year-to-Date 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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 M. Grogan

Mailing Address 706 W Acacia Rd

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 ▼ 1408.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-1007

Amount of Each Receipt this Period  
88.00

**B.**

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

Mailing Address 706 W Acacia Rd

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 ▼ 1408.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-1007

Amount of Each Receipt this Period  
88.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code  
Cedarburg WI 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 ▼ 864.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-636

Amount of Each Receipt this Period  
54.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.00**

**TOTAL** This Period (last page this line number 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 / 127  
(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)  
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 ▼ 864.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-636  
Amount of Each Receipt this Period 54.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen T. Guinan

Mailing Address 126 Waverly Cir

City Phoenixville State PA Zip Code 19460-2500

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-51  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen T. Guinan

Mailing Address 126 Waverly Cir

City Phoenixville State PA Zip Code 19460-2500

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-51  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 138.00

**TOTAL** This Period (last page this line number 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 / 127  
(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)  
Kevin J. Hassan

Mailing Address 804 Montparnasse PI

City State Zip Code  
Newtown Sq PA 19073-2623

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-26

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin J. Hassan

Mailing Address 804 Montparnasse PI

City State Zip Code  
Newtown Sq PA 19073-2623

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-26

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Laura J. Hauschild

Mailing Address 14611 50th Rd

City State Zip Code  
Sturtevant WI 53177-1038

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

Name of Employer NML Occupation  
NML Dir Retirement Mkt Prj

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-752

Amount of Each Receipt this Period  
12.00

**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 44 / 127  
(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)  
Wayne F. Heidenreich, MD  
Mailing Address 4753 N Larkin St  
City State Zip Code  
Whitefish Bay WI 53211-1152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Medical Dir/HR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-1009  
Amount of Each Receipt this Period 17.00

**B.** Full Name (Last, First, Middle Initial)  
Wayne F. Heidenreich, MD  
Mailing Address 4753 N Larkin St  
City State Zip Code  
Whitefish Bay WI 53211-1152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Medical Dir/HR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-1009  
Amount of Each Receipt this Period 17.00

**C.** Full Name (Last, First, Middle Initial)  
Mark J Heurung  
Mailing Address 18443 Melissa Cir  
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 ▼ 3120.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-50  
Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 242.00  
**TOTAL** This Period (last page this line number 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 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 J. Heurung

Mailing Address 18443 Melissa Cir

City State Zip Code  
Eden Prairie MN 55347-1058

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 2010083119123-50

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Rd

City State Zip Code  
Elm Grove WI 53122-1117

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

Name of Employer Occupation  
NML VP Treas & Inv Ops

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1112.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008121027-904

Amount of Each Receipt this Period  
68.00

**C.**

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Rd

City State Zip Code  
Elm Grove WI 53122-1117

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

Name of Employer Occupation  
NML VP Treas & Inv Ops

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1112.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 201008271915-904

Amount of Each Receipt this Period  
68.00

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

344.00

**TOTAL** This Period (last page this line number 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 / 127  
(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. Holloway  
Mailing Address 425 Lake Bluff Ln  
City Grafton State WI Zip Code 53024-9764  
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 ▼ 336.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-870  
Amount of Each Receipt this Period 12.00

**B.** Full Name (Last, First, Middle Initial)  
Michael T. Holloway  
Mailing Address 425 Lake Bluff Ln  
City Grafton State WI Zip Code 53024-9764  
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 ▼ 336.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-870  
Amount of Each Receipt this Period 12.00

**C.** Full Name (Last, First, Middle Initial)  
Steve H. Holter  
Mailing Address 11390 N Creekside Ct  
City Mequon State WI Zip Code 53092-4377  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2332.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-58  
Amount of Each Receipt this Period 208.00

**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 47 / 127
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve H. Holter		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 11390 N Creekside Ct		<b>Transaction ID:</b> 2010083119123-58		
	City Mequon	State WI	Zip Code 53092-4377	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation General Insurance Agent		Aggregate Year-to-Date 2332.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Harry P. Hoopis		Date of Receipt MM / DD / YYYY 08 / 15 / 2010		
	Mailing Address 1133 Elm Tree Rd		<b>Transaction ID:</b> 201008151914-1		
	City Lake Forest	State IL	Zip Code 60045-1413	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation General Insurance Agent		Aggregate Year-to-Date 3328.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Harry P. Hoopis		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 1133 Elm Tree Rd		<b>Transaction ID:</b> 2010083119123-1		
	City Lake Forest	State IL	Zip Code 60045-1413	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Occupation General Insurance Agent		Aggregate Year-to-Date 3328.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.00
<b>TOTAL</b> This Period (last page this line number 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 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Brian J. Hubbell

Mailing Address 1701 E Westminster Ln

City State Zip Code  
Spokane WA 99223-6712

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008151914-14

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian J. Hubbell

Mailing Address 1701 E Westminster Ln

City State Zip Code  
Spokane WA 99223-6712

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 2010083119123-14

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Iodice

Mailing Address 5612 Enderly Rd

City State Zip Code  
Baltimore MD 21212-2939

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

Name of Employer NML Occupation  
NML General Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1875.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008151914-31

Amount of Each Receipt this Period

125.00

**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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 23702 Champe Ford Rd		<b>Transaction ID:</b> 201008121027-931
City Middleburg	State VA	Zip Code 20117-2940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation Director-Field Production	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1012.00	

**B.**

Full Name (Last, First, Middle Initial) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 23702 Champe Ford Rd		<b>Transaction ID:</b> 201008271915-931
City Middleburg	State VA	Zip Code 20117-2940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation Director-Field Production	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1012.00	

**C.**

Full Name (Last, First, Middle Initial) Gregory G. Johnson		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 507 W Kenilworth Cir		<b>Transaction ID:</b> 201008121027-1078
City Mequon	State WI	Zip Code 53092-6199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer NML	Occupation Asst Gc & Asst Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 G. Johnson

Mailing Address 507 W Kenilworth Cir

City State Zip Code  
Mequon WI 53092-6199

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 ▼ 224.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-1078

Amount of Each Receipt this Period 14.00

**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 Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 837.32

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-69

Amount of Each Receipt this Period 83.33

**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 Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 837.32

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-69

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.66

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

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

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

FOR LINE NUMBER: PAGE 51 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 C. Kelly

Mailing Address 5806 N Kent Ave

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 ▼ 976.00

Date of Receipt

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

Transaction ID: 201008121027-606

Amount of Each Receipt this Period

61.00

**B.**

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

Mailing Address 5806 N Kent Ave

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 ▼ 976.00

Date of Receipt

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

Transaction ID: 201008271915-606

Amount of Each Receipt this Period

61.00

**C.**

Full Name (Last, First, Middle Initial)  
Troy B. Kemelgor

Mailing Address 8930 Dunn Ct

City State Zip Code  
Dublin OH 43017-8880

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 672.00

Date of Receipt

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

Transaction ID: 201008151914-66

Amount of Each Receipt this Period

42.00

**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 52 / 127  
(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)  
Troy B. Kemelgor

Mailing Address 8930 Dunn Ct

City State Zip Code  
Dublin OH 43017-8880

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-66

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Mark E. Kishler

Mailing Address 720 E Wisconsin Ave

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-621

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Mark E. Kishler

Mailing Address 720 E Wisconsin Ave

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-621

Amount of Each Receipt this Period  
20.00

**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 53 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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) Pamela A. Knox		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 6109 Audubon Manor B		<b>Transaction ID:</b> 201008121027-1037
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer NML	Occupation District Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

**B.**

Full Name (Last, First, Middle Initial) Pamela A. Knox		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 6109 Audubon Manor B		<b>Transaction ID:</b> 201008271915-1037
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer NML	Occupation District Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

**C.**

Full Name (Last, First, Middle Initial) William S. Koch		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 4645 Swilcan Bridge Ln S		<b>Transaction ID:</b> 201008151914-22
City Jacksonville	State FL	Zip Code 32224-5621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	157.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(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)  
William S. Koch

Mailing Address 4645 Swilcan Bridge Ln S

City State Zip Code  
Jacksonville FL 32224-5621

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-22

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
John L. Kordsmeier

Mailing Address 2522 W Daphne Rd

City State Zip Code  
Glendale WI 53209-3352

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

Name of Employer NML Occupation  
VP Disability Income

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 948.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-1040

Amount of Each Receipt this Period  
63.00

**C.** Full Name (Last, First, Middle Initial)  
John L. Kordsmeier

Mailing Address 2522 W Daphne Rd

City State Zip Code  
Glendale WI 53209-3352

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

Name of Employer NML Occupation  
VP Disability Income

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 948.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-1040

Amount of Each Receipt this Period  
63.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 251.00

**TOTAL** This Period (last page this line number 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 / 127  
(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 H. Kosnick  
Mailing Address 5799 Windsona Cir  
City Fitchburg State WI Zip Code 53711-5839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 672.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-16  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Steven H. Kosnick  
Mailing Address 5799 Windsona Cir  
City Fitchburg State WI Zip Code 53711-5839  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 672.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-16  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Carol L. Kracht  
Mailing Address 449 E Cedar Ln  
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/Sec & Board Rel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-968  
Amount of Each Receipt this Period 29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 113.00  
**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="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)  
Carol L. Kracht

Mailing Address 449 E Cedar Ln

City State Zip Code  
Mequon WI 53092-6102

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

Name of Employer NML Occupation VP Dep Gc/Sec & Board Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-968

Amount of Each Receipt this Period  
29.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd L. Laszewski

Mailing Address 2604 N 90th St

City State Zip Code  
Milwaukee WI 53226-1813

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

Name of Employer NML Occupation Dir Lp Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-891

Amount of Each Receipt this Period  
16.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd L. Laszewski

Mailing Address 2604 N 90th St

City State Zip Code  
Milwaukee WI 53226-1813

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

Name of Employer NML Occupation Dir Lp Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-891

Amount of Each Receipt this Period  
16.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **61.00**

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

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

City State Zip Code  
Naples FL 34109-7826

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
837.32

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-61

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Michael K. Lawhon

Mailing Address 6952 Burnt Sienna Cir

City State Zip Code  
Naples FL 34109-7826

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
837.32

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-61

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Werner Loots

Mailing Address 2664 N Summit Ave

City State Zip Code  
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation  
NML Dir Strat Intel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
516.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-593

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **196.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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) Werner Loots		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 2664 N Summit Ave		<b>Transaction ID:</b> 201008271915-593
City Milwaukee	State WI	Zip Code 53211-3849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NML	Occupation Dir Strat Intel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.00	

**B.**

Full Name (Last, First, Middle Initial) Robert D. Lowrey		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 1108 W Goldthread Cir		<b>Transaction ID:</b> 201008151914-21
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 Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

**C.**

Full Name (Last, First, Middle Initial) Robert D. Lowrey		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 1108 W Goldthread Cir		<b>Transaction ID:</b> 2010083119123-21
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 Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	114.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(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 J. Lueken  
Mailing Address 1213 E Goodrich Ln  
City Fox Point State WI Zip Code 53217-2946  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp Securities  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-896  
Amount of Each Receipt this Period 126.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey J. Lueken  
Mailing Address 1213 E Goodrich Ln  
City Fox Point State WI Zip Code 53217-2946  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp Securities  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-896  
Amount of Each Receipt this Period 126.00

**C.** Full Name (Last, First, Middle Initial)  
David C. Magoon  
Mailing Address N31 W23910 Old Farm  
City Pewaukee State WI Zip Code 53072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation IS Cons  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-533  
Amount of Each Receipt this Period 20.00

**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 60 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="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 C. Magoon

Mailing Address N31 W23910 Old Farm

City State Zip Code  
Pewaukee WI 53072

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

Name of Employer NML Occupation IS Cons

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-533

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Jean M. Maier

Mailing Address 5432 N Diversey Blvd

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 ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-524

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Jean M. Maier

Mailing Address 5432 N Diversey Blvd

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 ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-524

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

**TOTAL** This Period (last page this line number 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 / 127  
(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 Rd

City State Zip Code  
Fox Point WI 53217-3519

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

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1132.00

Date of Receipt: 08 / 15 / 2010  
Transaction ID: 201008121027-557  
Amount of Each Receipt this Period: 73.00

**B.** Full Name (Last, First, Middle Initial)  
Raymond J. Manista

Mailing Address 7236 N Crossway Rd

City State Zip Code  
Fox Point WI 53217-3519

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

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1132.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: 201008271915-557  
Amount of Each Receipt this Period: 73.00

**C.** Full Name (Last, First, Middle Initial)  
Meridee J. Maynard

Mailing Address 809 E Lake Forest Ave

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 ▼ 1328.00

Date of Receipt: 08 / 15 / 2010  
Transaction ID: 201008121027-824  
Amount of Each Receipt this Period: 83.00

**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 62 / 127

(check only one)

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

City State Zip Code  
Whitefish Bay WI 53217-5377

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

Name of Employer Occupation  
NML Svp

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1328.00

Date of Receipt

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

Transaction ID: 201008271915-824

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
David C. Mc Avoy

Mailing Address 11 Mountview Rd

City State Zip Code  
Wellesley Hills MA 02481-2757

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3232.00

Date of Receipt

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

Transaction ID: 201008151914-10

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
David C. Mc Avoy

Mailing Address 11 Mountview Rd

City State Zip Code  
Wellesley MA 02481-2757

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3232.00

Date of Receipt

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

Transaction ID: 2010083119123-10

Amount of Each Receipt this Period  
208.00

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

499.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Roger M. Mc Queen	Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 5820 Twin Creek Rd	<b>Transaction ID:</b> 201008151914-8
	City State Zip Code Salt Lake City UT 84108-3605	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger M. Mc Queen	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 5820 Twin Creek Rd	<b>Transaction ID:</b> 2010083119123-8
	City State Zip Code Salt Lake City UT 84108-3605	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian W. McClure	Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 1402 Wyndemere Point Dr	<b>Transaction ID:</b> 201008151914-71
	City State Zip Code Champaign IL 61822-3349	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	292.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(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)  
Brian W. McClure

Mailing Address 1402 Wyndemere Point Dr

City State Zip Code  
Champaign IL 61822-3349

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-71

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Erin L. McComas

Mailing Address 1485 Broadstone Pl

City State Zip Code  
Vienna VA 22182-1752

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

Name of Employer NML Occupation  
Director-Field Asset Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-1097

Amount of Each Receipt this Period  
13.00

**C.** Full Name (Last, First, Middle Initial)  
Mark J. McLennon

Mailing Address 2571 N 86th St

City State Zip Code  
Milwaukee 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 ▼ 368.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-592

Amount of Each Receipt this Period  
23.00

**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 65 / 127  
(check only one)

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

City Milwaukee State WI Zip Code 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 ▼ 368.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-592  
 Amount of Each Receipt this Period 23.00

**B.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th St

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-15  
 Amount of Each Receipt this Period 208.00

**C.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th St

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-15  
 Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **439.00**

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="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		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 208 Long Acres Ln		<b>Transaction ID:</b> 201008151914-19
City Oviedo	State FL	Zip Code 32765-7843
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph F. Meier		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 208 Long Acres Ln		<b>Transaction ID:</b> 2010083119123-19
City Oviedo	State FL	Zip Code 32765-7843
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

**C.**

Full Name (Last, First, Middle Initial) Robert G. Meilander		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 6900 N Glen Shore Dr		<b>Transaction ID:</b> 201008121027-549
City Glendale	State WI	Zip Code 53209-2819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer NML	Occupation VP-Corporate Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>114.00</b>
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(check only one)

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

City State Zip Code  
Glendale WI 53209-2819

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

Name of Employer NML Occupation VP-Corporate Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-549

Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Carl W. Middleton, III

Mailing Address 15712 Point Monroe Dr NE

City State Zip Code  
Bainbridge Island WA 98110-1158

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-5

Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Carl W. Middleton, III

Mailing Address 15712 Point Monroe Dr NE

City State Zip Code  
Bainbridge Island WA 98110-1158

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-5

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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)  
Ben Miller

Mailing Address 34 Storyteller Ct

City Sandia Park State NM Zip Code 87047-8542

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-64

Amount of Each Receipt this Period 42.00

**B.**

Full Name (Last, First, Middle Initial)  
Ben Miller

Mailing Address 34 Storyteller Ct

City Sandia Park State NM Zip Code 87047-8542

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 2010083119123-64

Amount of Each Receipt this Period 42.00

**C.**

Full Name (Last, First, Middle Initial)  
Kevin E. Miller

Mailing Address 214 Schenley Rd

City Pittsburgh State PA Zip Code 15217-1171

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-49

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 69 / 127

(check only one)

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

City State Zip Code  
Pittsburgh PA 15217-1171

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 3328.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 2010083119123-49

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott J. Morris

Mailing Address 4406 N Madero Drive

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
NML Ast Gn Cnl

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008121027-1053

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott J. Morris

Mailing Address 4406 N Madero Drive

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
NML Ast Gn Cnl

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 201008271915-1053

Amount of Each Receipt this Period

15.00

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

238.00

**TOTAL** This Period (last page this line number 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 / 127  
(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)  
Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code  
Grafton WI 53024-2270

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 ▼ 352.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-589

Amount of Each Receipt this Period  
22.00

**B.** Full Name (Last, First, Middle Initial)  
Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code  
Grafton WI 53024-2270

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 ▼ 352.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-589

Amount of Each Receipt this Period  
22.00

**C.** Full Name (Last, First, Middle Initial)  
David K. Nelson

Mailing Address 1506 E Fox Ln

City State Zip Code  
Fox Point WI 53217-2853

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

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-660

Amount of Each Receipt this Period  
13.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 57.00

**TOTAL** This Period (last page this line number 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 / 127  
(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)  
Ronald C. Nelson

Mailing Address 5275 N Lake Dr

City State Zip Code  
Whitefish Bay WI 53217-5371

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation Dir Rsrch & Prod Spt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-597

Amount of Each Receipt this Period 2.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald C. Nelson

Mailing Address 5275 N Lake Dr

City State Zip Code  
Whitefish Bay WI 53217-5371

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation Dir Rsrch & Prod Spt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-597

Amount of Each Receipt this Period 2.00

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

Mailing Address 3518 17th St

City State Zip Code  
Kenosha WI 53144-3339

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation Dir Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-865

Amount of Each Receipt this Period 13.00

**SUBTOTAL** of Receipts This Page (optional) ..... 17.00

**TOTAL** This Period (last page this line number 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 / 127

(check only one)

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

City State Zip Code  
Larchmont NY 10538-4041

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3328.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008151914-72

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)  
James J. Nemec

Mailing Address 22 Maple Ave

City State Zip Code  
Larchmont NY 10538-4041

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3328.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 2010083119123-72

Amount of Each Receipt this Period

208.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeremy D. Newman

Mailing Address 1140 Lone Tree Rd

City State Zip Code  
Elm Grove WI 53122-2019

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

Name of Employer NML Occupation  
NML Dir Corp Offices

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008121027-1089

Amount of Each Receipt this Period

18.00

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

434.00

**TOTAL** This Period (last page this line number 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 / 127  
(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)  
Jeremy D. Newman  
Mailing Address 1140 Lone Tree Rd  
City Elm Grove State WI Zip Code 53122-2019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Dir Corp Offices  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-1089  
Amount of Each Receipt this Period 18.00

**B.** Full Name (Last, First, Middle Initial)  
William H. Norton  
Mailing Address 10145 Wavell Rd  
City Fairfax State VA Zip Code 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 ▼ 800.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-522  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
William H. Norton  
Mailing Address 10145 Wavell Rd  
City Fairfax State VA Zip Code 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 ▼ 800.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-522  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 118.00  
**TOTAL** This Period (last page this line number 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 / 127  
(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)  
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 ▼ 424.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-707  
 Amount of Each Receipt this Period 25.00

**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 ▼ 424.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-707  
 Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
John K. O Meara

Mailing Address 1083 N Perry Ct

City Milwaukee State WI Zip Code 53213-3158

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

Name of Employer NML Occupation Dir Adv Plng

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-1008  
 Amount of Each Receipt this Period 14.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 64.00

**TOTAL** This Period (last page this line number 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 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 K. O Meara

Mailing Address 1083 N Perry Ct

City State Zip Code  
Milwaukee WI 53213-3158

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

Name of Employer NML Occupation Dir Adv Plng

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 224.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 201008271915-1008

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Joy O Meara

Mailing Address 4325 N Morris Blvd

City State Zip Code  
Shorewood WI 53211-1547

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

Name of Employer NML Occupation Dir Exec Benefits Mkts

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 201008271915-730

Amount of Each Receipt this Period

13.00

**C.**

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

Mailing Address 4746 N Cumberland Blvd

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 ▼ 3328.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008121027-577

Amount of Each Receipt this Period

208.00

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

235.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 127
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory C. Oberland		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 4746 N Cumberland Blvd		<b>Transaction ID:</b> 201008271915-577		
	City Whitefish Bay	State WI	Zip Code 53211-1147	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer NML	Occupation EVP Ins & Tech			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3328.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Eric S. Olson		Date of Receipt MM / DD / YYYY 08 / 15 / 2010		
	Mailing Address 127 Fairmount Rd		<b>Transaction ID:</b> 201008151914-55		
	City Ridgewood	State NJ	Zip Code 07450-1422	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 672.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric S. Olson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 127 Fairmount Rd		<b>Transaction ID:</b> 2010083119123-55		
	City Ridgewood	State NJ	Zip Code 07450-1422	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 672.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>292.00</b>
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(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 A. Oman

Mailing Address S63W16495 College Ave

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 ▼ 828.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-736  
Amount of Each Receipt this Period 51.00

**B.** Full Name (Last, First, Middle Initial)  
Kathleen A. Oman

Mailing Address S63W16495 College Ave

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 ▼ 828.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-736  
Amount of Each Receipt this Period 51.00

**C.** Full Name (Last, First, Middle Initial)  
Christen L. Partleton

Mailing Address 4832 N Shoreland Ave

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 ▼ 368.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-853  
Amount of Each Receipt this Period 26.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 128.00

**TOTAL** This Period (last page this line number 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 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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)  
Christen L. Partleton

Mailing Address 4832 N Shoreland Ave

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 ▼ 368.00

Date of Receipt

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

Transaction ID: 201008271915-853

Amount of Each Receipt this Period  
26.00

**B.**

Full Name (Last, First, Middle Initial)  
Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Dr

City State Zip Code  
Bayside WI 53217-1869

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

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

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

Transaction ID: 201008121027-1048

Amount of Each Receipt this Period  
23.00

**C.**

Full Name (Last, First, Middle Initial)  
Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Dr

City State Zip Code  
Bayside WI 53217-1869

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

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

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

Transaction ID: 201008271915-1048

Amount of Each Receipt this Period  
23.00

**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 79 / 127  
(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><b>A.</b> Full Name (Last, First, Middle Initial) Gary A. Poliner</p> <p>Mailing Address 825 N Prospect Ave # U</p> <p>City State Zip Code Milwaukee WI 53202-3979</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NML Occupation EVP Ips</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2982.64</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 15 / 2010</span></p> <p><b>Transaction ID:</b> 201008121027-528</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">121.66</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary A. Poliner</p> <p>Mailing Address 825 N Prospect Ave # U</p> <p>City State Zip Code Milwaukee WI 53202-3979</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NML Occupation EVP Ips</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2982.64</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2010</span></p> <p><b>Transaction ID:</b> 201008271915-528</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">121.66</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael E. Pritzl</p> <p>Mailing Address 572 Cottonwood Ln</p> <p>City State Zip Code Grafton WI 53024-9591</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NML Occupation VP Agency Dev</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">272.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 15 / 2010</span></p> <p><b>Transaction ID:</b> 201008121027-955</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">17.00</span></p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">260.32</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 E. Pritzl

Mailing Address 572 Cottonwood Ln

City State Zip Code  
Grafton WI 53024-9591

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

Name of Employer NML Occupation VP Agency Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-955

Amount of Each Receipt this Period  
17.00

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

Mailing Address 224 Ensworth PI

City State Zip Code  
Nashville TN 37205-1922

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-59

Amount of Each Receipt this Period  
125.00

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

Mailing Address 224 Ensworth PI

City State Zip Code  
Nashville TN 37205-1922

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-59

Amount of Each Receipt this Period  
125.00

**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 81 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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 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 Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-2

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 Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 2010083119123-2

Amount of Each Receipt this Period 208.00

**C.**

Full Name (Last, First, Middle Initial)  
Craig L. Quinlan

Mailing Address 2302 Court North Dr

City Melville State NY Zip Code 11747-8122

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-34

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 82 / 127  
(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)  
Craig L. Quinlan  
Mailing Address 2302 Court North Dr  
City Melville State NY Zip Code 11747-8122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-34  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Steven M. Radke  
Mailing Address 9600 N Crestwood Ct  
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 ▼ 480.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-817  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Steven M. Radke  
Mailing Address 9600 N Crestwood Ct  
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 ▼ 480.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-817  
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 83 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Randal W. Ralph

Mailing Address 3616 Turnberry Dr

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 ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-1045

Amount of Each Receipt this Period  
17.50

**B.**

Full Name (Last, First, Middle Initial)  
Randal W. Ralph

Mailing Address 3616 Turnberry Dr

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 ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-1045

Amount of Each Receipt this Period  
17.50

**C.**

Full Name (Last, First, Middle Initial)  
Jeff D. Reeter

Mailing Address 7 Williamsburg Ln

City State Zip Code  
Houston TX 77024-5144

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-70

Amount of Each Receipt this Period  
100.00

**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 84 / 127

(check only one)

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

City State Zip Code  
Houston TX 77024-5144

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1600.00

Date of Receipt

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

Transaction ID: 2010083119123-70

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
David R. Remstad

Mailing Address 2634 N Lake Dr

City State Zip Code  
Milwaukee WI 53211-3837

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

Name of Employer Occupation  
NML VP & Chief Actuary

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 948.00

Date of Receipt

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

Transaction ID: 201008121027-740

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
David R. Remstad

Mailing Address 2634 N Lake Dr

City State Zip Code  
Milwaukee WI 53211-3837

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

Name of Employer Occupation  
NML VP & Chief Actuary

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 948.00

Date of Receipt

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

Transaction ID: 201008271915-740

Amount of Each Receipt this Period

60.00

**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 85 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="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) Peter K. Richardson		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 720 E Green Tree Rd		<b>Transaction ID:</b> 201008121027-505
City Fox Point	State WI	Zip Code 53217-3615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer NML	Occupation Ast Gn Cnl/Ipas	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

**B.**

Full Name (Last, First, Middle Initial) Peter K. Richardson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 720 E Green Tree Rd		<b>Transaction ID:</b> 201008271915-505
City Fox Point	State WI	Zip Code 53217-3615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer NML	Occupation Ast Gn Cnl/Ipas	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

**C.**

Full Name (Last, First, Middle Initial) Daniel A. Riedl		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 6604 Cedar St		<b>Transaction ID:</b> 201008121027-661
City Milwaukee	State WI	Zip Code 53213-3252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation VP Dist Pol & Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(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)  
Daniel A. Riedl

Mailing Address 6604 Cedar St

City State Zip Code  
Milwaukee WI 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 ▼ 400.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-661

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Marcia Rimai

Mailing Address 4100 N Lake Dr

City State Zip Code  
Shorewood WI 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 ▼ 3328.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-618

Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Marcia Rimai

Mailing Address 4100 N Lake Dr

City State Zip Code  
Shorewood WI 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 ▼ 3328.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-618

Amount of Each Receipt this Period 208.00

**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 87 / 127  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	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 D. Rivers, Jr.

Mailing Address 3601 River Ridge Cv

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2332.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-33  
Amount of Each Receipt this Period 208.00

**B.**

Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cv

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2332.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-33  
Amount of Each Receipt this Period 208.00

**C.**

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

Mailing Address 3900 N Lake Dr

City Shorewood State WI Zip Code 53211-2448

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

Name of Employer NML Occupation VP Corp Plng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008121027-619  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 476.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Bethany M. Rodenhuis

Mailing Address 3900 N Lake Dr

City Shorewood State WI Zip Code 53211-2448

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

Name of Employer NML Occupation VP Corp Plng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 201008271915-619

Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City Germantown State WI Zip Code 53022

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

Name of Employer NML Occupation VP & Ins Prod & Dist Cnl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008121027-804

Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City Germantown State WI Zip Code 53022

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

Name of Employer NML Occupation VP & Ins Prod & Dist Cnl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 201008271915-804

Amount of Each Receipt this Period 20.00

**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 89 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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) Matt Russo		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 139 Deep Valley Rd		<b>Transaction ID:</b> 201008151914-63
City New Canaan	State CT	Zip Code 06840-2804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

**B.**

Full Name (Last, First, Middle Initial) Matt Russo		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 139 Deep Valley Rd		<b>Transaction ID:</b> 2010083119123-63
City New Canaan	State CT	Zip Code 06840-2804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

**C.**

Full Name (Last, First, Middle Initial) Stephen G. Ruys		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 2336 N 90th St		<b>Transaction ID:</b> 201008121027-814
City Milwaukee	State WI	Zip Code 53226-1829
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.00
Name of Employer NML	Occupation Dir IS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>432.00</b>
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(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 G. Ruys  
Mailing Address 2336 N 90th St  
City Milwaukee State WI Zip Code 53226-1829  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Dir IS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 232.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-814  
Amount of Each Receipt this Period 16.00

**B.** Full Name (Last, First, Middle Initial)  
R. P. Sarnecki  
Mailing Address 16004 King St  
City Overland Park State KS Zip Code 66062-7508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1800.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-45  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
R. P. Sarnecki  
Mailing Address 16004 King St  
City Overland Park State KS Zip Code 66062-7508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1800.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-45  
Amount of Each Receipt this Period 150.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 127  
(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)  
Joseph M. Savino  
Mailing Address 8 Benedek Rd  
City Princeton State NJ Zip Code 08540-2227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3328.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-4  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph M. Savino  
Mailing Address 8 Benedek Rd  
City Princeton State NJ Zip Code 08540-2227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3328.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-4  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy G. Schaefer  
Mailing Address 1013 E Lexington Blvd  
City Whitefish Bay State WI Zip Code 53217-5381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Chief Information Officer  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1124.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-852  
Amount of Each Receipt this Period 71.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 487.00  
**TOTAL** This Period (last page this line number 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 / 127
	(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) Timothy G. Schaefer		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 1013 E Lexington Blvd		<b>Transaction ID:</b> 201008271915-852
City Whitefish Bay	State WI	Zip Code 53217-5381
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 71.00
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 ▼ 1124.00	

**B.**

Full Name (Last, First, Middle Initial) John E. Schlifske		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 1500 Greenway Ter		<b>Transaction ID:</b> 201008121027-758
City Elm Grove	State WI	Zip Code 53122-1611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

**C.**

Full Name (Last, First, Middle Initial) John E. Schlifske		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 1500 Greenway Ter		<b>Transaction ID:</b> 201008271915-758
City Elm Grove	State WI	Zip Code 53122-1611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	487.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(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 S. Schlinsog

Mailing Address W73N412 Greystone Dr

City Cedarburg State WI Zip Code 53012-2281

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

Name of Employer NML Occupation Dir Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 376.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-961  
Amount of Each Receipt this Period 22.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Dr

City Cedarburg State WI Zip Code 53012-2281

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

Name of Employer NML Occupation Dir Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 376.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-961  
Amount of Each Receipt this Period 22.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen H. Schluter

Mailing Address 5057 N Palisades Rd

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 ▼ 496.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-760  
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 94 / 127  
(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 Rd

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 ▼ 496.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: 201008271915-760  
Amount of Each Receipt this Period: 31.00

**B.** Full Name (Last, First, Middle Initial)  
Calvin R. Schmidt

Mailing Address W205 Allen Rd

City State Zip Code  
Oconomowoc WI 53066-9048

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

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt: 08 / 15 / 2010  
Transaction ID: 201008121027-786  
Amount of Each Receipt this Period: 59.00

**C.** Full Name (Last, First, Middle Initial)  
Calvin R. Schmidt

Mailing Address W205 Allen Rd

City State Zip Code  
Oconomowoc WI 53066-9048

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

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: 201008271915-786  
Amount of Each Receipt this Period: 59.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 149.00

**TOTAL** This Period (last page this line 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 95 / 127
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rodd Schneider		Date of Receipt
	Mailing Address 1415 E Fairy Chasm R		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2010
	City	State	Zip Code
	Bayside	WI	53217
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201008121027-519
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		VP & Lit Cnsl	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 432.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Rodd Schneider		Date of Receipt
	Mailing Address 1415 E Fairy Chasm R		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2010
	City	State	Zip Code
	Bayside	WI	53217
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201008271915-519
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		VP & Lit Cnsl	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 432.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd M. Schoon		Date of Receipt
	Mailing Address 923 E Kilbourn Ave # U		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2010
	City	State	Zip Code
	Milwaukee	WI	53202-3493
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201008121027-1068
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Sr VP Agencies	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3328.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 262.00
<b>TOTAL</b> 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 96 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 State Zip Code  
Milwaukee WI 53202-3493

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

Name of Employer Occupation  
NML Sr VP Agencies

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3328.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 201008271915-1068

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)

Brad P. Seitzinger

Mailing Address 1672 Chieftan Cir

City State Zip Code  
Oxford MI 48371-6095

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 924.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008151914-48

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)

Brad P. Seitzinger

Mailing Address 1672 Chieftan Cir

City State Zip Code  
Oxford MI 48371-6095

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 924.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 2010083119123-48

Amount of Each Receipt this Period  
75.00

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

358.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 127  
(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 W. Simbro

Mailing Address 311 E Erie St Unit 4

City Milwaukee State WI Zip Code 53202-6040

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

Name of Employer NML Occupation VP Life Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-1057  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
David W. Simbro

Mailing Address 311 E Erie St Unit 4

City Milwaukee State WI Zip Code 53202-6040

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

Name of Employer NML Occupation VP Life Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-1057  
Amount of Each Receipt this Period 40.00

**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 ▼ 408.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-873  
Amount of Each Receipt this Period 27.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 107.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 W. Skalecki

Mailing Address W69N463 Fox Pointe A

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer Occupation  
NML VP Uw Standards

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 408.00

Date of Receipt

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

Transaction ID: 201008271915-873

Amount of Each Receipt this Period

27.00

**B.**

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Dr

City State Zip Code  
Thiensville WI 53092-1423

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

Name of Employer Occupation  
NML Ast Gen Cnl & Sec

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 392.00

Date of Receipt

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

Transaction ID: 201008121027-875

Amount of Each Receipt this Period

23.00

**C.**

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Dr

City State Zip Code  
Thiensville WI 53092-1423

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

Name of Employer Occupation  
NML Ast Gen Cnl & Sec

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 392.00

Date of Receipt

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

Transaction ID: 201008271915-875

Amount of Each Receipt this Period

23.00

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

73.00

**TOTAL** This Period (last page this line number 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 / 127  
(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 P. Snyder  
Mailing Address 909 Fairview Ave  
City South Milwaukee State WI Zip Code 53172-1719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Dir Field Comp  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-640  
Amount of Each Receipt this Period 14.00

**B.** Full Name (Last, First, Middle Initial)  
Richard P. Snyder  
Mailing Address 909 Fairview Ave  
City South Milwaukee State WI Zip Code 53172-1719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Dir Field Comp  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-640  
Amount of Each Receipt this Period 14.00

**C.** Full Name (Last, First, Middle Initial)  
Steve P. Sperka  
Mailing Address S67W17735 Copper Oaks Ct  
City Muskego State WI Zip Code 53150-7503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Ltc  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 284.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-791  
Amount of Each Receipt this Period 26.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 54.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 P. Sperka

Mailing Address S67W17735 Copper Oaks Ct

City State Zip Code  
Muskego WI 53150-7503

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Ltc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 201008271915-791

Amount of Each Receipt this Period 26.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert L. Spinks

Mailing Address 305 Waterbury Cv

City State Zip Code  
Jackson MS 39232-8692

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 15 / 2010  
**Transaction ID:** 201008151914-9

Amount of Each Receipt this Period 42.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert L. Spinks

Mailing Address 305 Waterbury Cv

City State Zip Code  
Jackson MS 39232-8692

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** 2010083119123-9

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... 110.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

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

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-520

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul J. Steffen

Mailing Address 10502 N Stone Creek Dr

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-520

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Jason Steigman

Mailing Address 2301 E Newton Ave

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 ▼ 428.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-600

Amount of Each Receipt this Period  
17.00

**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 102 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 Ave  
City Shorewood State WI Zip Code 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 ▼ 428.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-600  
Amount of Each Receipt this Period 17.00

**B.** Full Name (Last, First, Middle Initial)  
David G. Stoeffel  
Mailing Address 6311 N Lake Dr  
City Whitefish Bay State WI Zip Code 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 ▼ 472.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-876  
Amount of Each Receipt this Period 31.00

**C.** Full Name (Last, First, Middle Initial)  
David G. Stoeffel  
Mailing Address 6311 N Lake Dr  
City Whitefish Bay State WI Zip Code 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 ▼ 472.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-876  
Amount of Each Receipt this Period 31.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 79.00  
**TOTAL** This Period (last page this line number 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 / 127  
(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 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 ▼ 248.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-665  
Amount of Each Receipt this Period 17.00

**B.** 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 ▼ 248.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-665  
Amount of Each Receipt this Period 17.00

**C.** Full Name (Last, First, Middle Initial)  
Richard A. Strait

Mailing Address 9086 N Tennyson Dr

City State Zip Code  
Bayside WI 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 ▼ 400.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-1055  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 59.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

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

City State Zip Code  
Bayside WI 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 ▼ 400.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 201008271915-1055

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter F. Striano, III

Mailing Address 11050 NW 78th PI

City State Zip Code  
Parkland FL 33076-4723

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-60

Amount of Each Receipt this Period 125.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter F. Striano, III

Mailing Address 11050 NW 78th PI

City State Zip Code  
Parkland FL 33076-4723

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 2010083119123-60

Amount of Each Receipt this Period 125.00

**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 105 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 J. Stribling

Mailing Address 11830 W Whitaker Ave

City State Zip Code  
Greenfield WI 53228-2455

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

Name of Employer NML Occupation Director - Di Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-1071

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven J. Stribling

Mailing Address 11830 W Whitaker Ave

City State Zip Code  
Greenfield WI 53228-2455

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

Name of Employer NML Occupation Director - Di Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-1071

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen J. Strommen

Mailing Address 7410 N Range Line Rd

City State Zip Code  
Glendale WI 53209-2028

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

Name of Employer NML Occupation Senior Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-759

Amount of Each Receipt this Period  
18.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **48.00**

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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 J. Strommen

Mailing Address 7410 N Range Line Rd

City State Zip Code  
Glendale WI 53209-2028

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

Name of Employer NML Occupation Senior Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-759

Amount of Each Receipt this Period 18.00

**B.**

Full Name (Last, First, Middle Initial)  
Daphne C. Stroud

Mailing Address 150 Fernwood Dr

City State Zip Code  
East Greenwich RI 02818-1616

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-65

Amount of Each Receipt this Period 42.00

**C.**

Full Name (Last, First, Middle Initial)  
Daphne C. Stroud

Mailing Address 150 Fernwood Dr

City State Zip Code  
East Greenwich RI 02818-1616

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-65

Amount of Each Receipt this Period 42.00

**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 107 / 127  
(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)  
Theodore H. Strupp

Mailing Address 9411 Harding Blvd

City Milwaukee State WI Zip Code 53226-1722

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

Name of Employer NML Occupation Dir Corp & Exec Com

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-785  
Amount of Each Receipt this Period 15.00

**B.** Full Name (Last, First, Middle Initial)  
Theodore H. Strupp

Mailing Address 9411 Harding Blvd

City Milwaukee State WI Zip Code 53226-1722

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

Name of Employer NML Occupation Dir Corp & Exec Com

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-785  
Amount of Each Receipt this Period 15.00

**C.** Full Name (Last, First, Middle Initial)  
Rachel L. Taknint

Mailing Address 4733 N Cumberland Blvd

City Whitefish Bay State WI Zip Code 53211-1140

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

Name of Employer NML Occupation VP Info Risk Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-822  
Amount of Each Receipt this Period 24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 54.00

**TOTAL** This Period (last page this line number 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 / 127  
(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. Tahnint

Mailing Address 4733 N Cumberland Blvd

City State Zip Code  
Whitefish Bay WI 53211-1140

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

Name of Employer NML Occupation VP Info Risk Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-822  
Amount of Each Receipt this Period 24.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth B. Taylor

Mailing Address W287 N945 Bedouin Court

City State Zip Code  
Waukesha WI 53188

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

Name of Employer NML Occupation Dir Adv PIng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-1096  
Amount of Each Receipt this Period 14.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth B. Taylor

Mailing Address W287 N945 Bedouin Court

City State Zip Code  
Waukesha WI 53188

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

Name of Employer NML Occupation Dir Adv PIng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-1096  
Amount of Each Receipt this Period 14.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 52.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

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

City Tampa State FL Zip Code 33629-7516

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-12

Amount of Each Receipt this Period 70.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 17002 Abastros De Avila

City Tampa State FL Zip Code 33613-5214

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 08 / 31 / 2010

Transaction ID: 2010083119123-12

Amount of Each Receipt this Period 70.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael F. Tews

Mailing Address 609 S 249th Cir

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 15 / 2010

Transaction ID: 201008151914-30

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 182.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

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

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 2010083119123-30

Amount of Each Receipt this Period 42.00

**B.**

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

Mailing Address 12505 Ventana Mesa Cir

City Castle Rock State CO Zip Code 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 ▼ 3120.00

Date of Receipt 08 / 15 / 2010

**Transaction ID:** 201008151914-41

Amount of Each Receipt this Period 208.00

**C.**

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

Mailing Address 12505 Ventana Mesa Cir

City Castle Rock State CO Zip Code 80108-9148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 2010083119123-41

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 111 / 127  
(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)  
Douglas D. Timmer

Mailing Address 633 W McIntosh Ln

City State Zip Code  
Mequon WI 53092-6022

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

Name of Employer NML Occupation Ast Gn Cnl/Secur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-986

Amount of Each Receipt this Period  
17.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas D. Timmer

Mailing Address 633 W McIntosh Ln

City State Zip Code  
Mequon WI 53092-6022

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

Name of Employer NML Occupation Ast Gn Cnl/Secur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-986

Amount of Each Receipt this Period  
17.00

**C.** Full Name (Last, First, Middle Initial)  
Alessandro J. Tronco

Mailing Address 5 N Point Dr

City State Zip Code  
Cohoes NY 12047-3823

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-67

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **76.00**

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Alessandro J. Tronco

Mailing Address 5 N Point Dr

City State Zip Code  
Cohoes NY 12047-3823

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-67

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Chris G. Trost

Mailing Address 1218 E Olive St

City State Zip Code  
Shorewood WI 53211-1825

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

Name of Employer NML Occupation  
Senior Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-599

Amount of Each Receipt this Period  
18.00

**C.**

Full Name (Last, First, Middle Initial)  
Chris G. Trost

Mailing Address 1218 E Olive St

City State Zip Code  
Shorewood WI 53211-1825

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

Name of Employer NML Occupation  
Senior Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-599

Amount of Each Receipt this Period  
18.00

**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 113 / 127  
(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)  
Leo C. Tucker

Mailing Address 605 Potomac River Rd

City State Zip Code  
Mc Lean VA 22102-1402

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-57

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Leo C. Tucker

Mailing Address 605 Potomac River Rd

City State Zip Code  
Mc Lean VA 22102-1402

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

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-57

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Sean P. Twohig

Mailing Address 762 Country Club Ln

City State Zip Code  
Fond Du Lac WI 54935-8313

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

Name of Employer NML Occupation  
NML Director li

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-1027

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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

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

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

FOR LINE NUMBER: PAGE 114 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Sean P. Twohig

Mailing Address 762 Country Club Ln

City State Zip Code  
Fond Du Lac WI 54935-8313

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

Name of Employer NML Occupation Director li

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: 201008271915-1027

Amount of Each Receipt this Period

10.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Patricia L. Van Kampen

Mailing Address 4520 N Lake Dr

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 ▼ 896.00

Date of Receipt

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

Transaction ID: 201008121027-608

Amount of Each Receipt this Period

38.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Patricia L. Van Kampen

Mailing Address 4520 N Lake Dr

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 ▼ 896.00

Date of Receipt

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

Transaction ID: 201008271915-608

Amount of Each Receipt this Period

38.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

86.00

**TOTAL** This Period (last page this line number 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 / 127  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="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)  
Andrew T. Vedder

Mailing Address 2852 N Farwell Ave

City State Zip Code  
Milwaukee WI 53211-3760

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

Name of Employer NML Occupation  
Ast Gn Cnl/Secur

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 224.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008121027-1076

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew T. Vedder

Mailing Address 2852 N Farwell Ave

City State Zip Code  
Milwaukee WI 53211-3760

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

Name of Employer NML Occupation  
Ast Gn Cnl/Secur

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 224.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: 201008271915-1076

Amount of Each Receipt this Period

14.00

**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 Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 201008151914-24

Amount of Each Receipt this Period

100.00

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

128.00

**TOTAL** This Period (last page this line number 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 / 127  
(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 J. Waltos, Jr.  
Mailing Address 7 Castaways N  
City Newport Beach State CA Zip Code 92660-8403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-24  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
P. Andrew Ware  
Mailing Address 7900 N Berwyn Ave  
City Glendale State WI Zip Code 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 ▼ 500.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-502  
Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
P. Andrew Ware  
Mailing Address 7900 N Berwyn Ave  
City Glendale State WI Zip Code 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 ▼ 500.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-502  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 170.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 117 / 127  
(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)  
Alison F. Watson  
 Mailing Address 420 Independence Ave SE  
 City State Zip Code  
 Washington DC 20003-1046  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2010  
**Transaction ID:** 201008121027-1035  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Dir Fed Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

**B.** Full Name (Last, First, Middle Initial)  
Alison F. Watson  
 Mailing Address 420 Independence Ave SE  
 City State Zip Code  
 Washington DC 20003-1046  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2010  
**Transaction ID:** 201008271915-1035  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Dir Fed Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey B. Williams  
 Mailing Address 2004 N 72nd St  
 City State Zip Code  
 Milwaukee WI 53213-1828  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2010  
**Transaction ID:** 201008121027-566  
 Amount of Each Receipt this Period  
 24.00  
 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 ▼ 384.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.00  
**TOTAL** This Period (last page this line number 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 / 127  
(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 B. Williams  
Mailing Address 2004 N 72nd St  
City Milwaukee State WI Zip Code 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 ▼ 384.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-566  
Amount of Each Receipt this Period 24.00

**B.** Full Name (Last, First, Middle Initial)  
Brian D. Wilson  
Mailing Address 11128 N Whilton Rd  
City Mequon State WI Zip Code 53097-3439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Dir Ips Mkt & Sls  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 304.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008121027-1079  
Amount of Each Receipt this Period 19.00

**C.** Full Name (Last, First, Middle Initial)  
Brian D. Wilson  
Mailing Address 11128 N Whilton Rd  
City Mequon State WI Zip Code 53097-3439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Dir Ips Mkt & Sls  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 304.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 201008271915-1079  
Amount of Each Receipt this Period 19.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 62.00  
**TOTAL** This Period (last page this line number 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 / 127  
(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 Ave  
City Charlotte State NC Zip Code 28207-2130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3328.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-3  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
James R. Worrell  
Mailing Address 2218 Hopedale Ave  
City Charlotte State NC Zip Code 28207-2130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3328.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: 2010083119123-3  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
John W. Wright, II  
Mailing Address 4463 Jett Rd NW  
City Atlanta State GA Zip Code 30327-3563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00  
Date of Receipt 08 / 15 / 2010  
Transaction ID: 201008151914-47  
Amount of Each Receipt this Period 100.00

**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 120 / 127  
(check only one)

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

City Atlanta State GA Zip Code 30327-3563

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 2010083119123-47

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Conrad C. York

Mailing Address 1313 N Franklin Pl

City Milwaukee State WI Zip Code 53202-2980

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 ▼ 892.00

Date of Receipt 08 / 15 / 2010

**Transaction ID:** 201008121027-764

Amount of Each Receipt this Period 58.00

**C.** Full Name (Last, First, Middle Initial)  
Conrad C. York

Mailing Address 1313 N Franklin Pl

City Milwaukee State WI Zip Code 53202-2980

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 ▼ 892.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 201008271915-764

Amount of Each Receipt this Period 58.00

**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 121 / 127  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Catherine M. Young Mailing Address 929 N Astor St Unit  City State Zip Code Milwaukee WI 53202-7000 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2010 <b>Transaction ID:</b> 201008121027-1092 Amount of Each Receipt this Period 20.00
Name of Employer NML Occupation Ast Gn Cnl/Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Catherine M. Young Mailing Address 929 N Astor St Unit  City State Zip Code Milwaukee WI 53202-7000 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2010 <b>Transaction ID:</b> 201008271915-1092 Amount of Each Receipt this Period 20.00
Name of Employer NML Occupation Ast Gn Cnl/Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

<b>C.</b> Full Name (Last, First, Middle Initial) T. Scott Zach Mailing Address 6630 Country Creek Ln  City State Zip Code Cedar Rapids IA 52403-7023 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2010 <b>Transaction ID:</b> 201008151914-62 Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed Occupation General Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	82.00
<b>TOTAL</b> This Period (last page this line number 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 / 127  
(check only one)

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

Mailing Address 6630 Country Creek Ln

City State Zip Code  
Cedar Rapids IA 52403-7023

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

Name of Employer Self-Employed  
Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-62

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas D. Zale

Mailing Address 2818 E Menlo Blvd

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-792

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas D. Zale

Mailing Address 2818 E Menlo Blvd

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-792

Amount of Each Receipt this Period  
50.00

**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 123 / 127  
(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)  
Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City State Zip Code  
Delafield WI 53018

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

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-766

Amount of Each Receipt this Period 17.00

**B.** Full Name (Last, First, Middle Initial)  
Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City State Zip Code  
Delafield WI 53018

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

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-766

Amount of Each Receipt this Period 17.00

**C.** Full Name (Last, First, Middle Initial)  
Rick T. Zehner

Mailing Address 203 W Ravine Baye Rd

City State Zip Code  
Bayside WI 53217-1334

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

Name of Employer NML Occupation VP Special Projects

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 488.00

Date of Receipt MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008121027-969

Amount of Each Receipt this Period 29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 63.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 127  
(check only one)

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

City State Zip Code  
Bayside WI 53217-1334

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

Name of Employer NML Occupation VP Special Projects

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 488.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 201008271915-969

Amount of Each Receipt this Period  
29.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Zuzolo

Mailing Address 104 Wildwood Dr

City State Zip Code  
Avon CT 06001-4413

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 201008151914-23

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Zuzolo

Mailing Address 104 Wildwood Dr

City State Zip Code  
Avon CT 06001-4413

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010083119123-23

Amount of Each Receipt this Period  
208.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>445.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>25388.64</b>

**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 125 / 127

<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

Mailing Address 777 E. Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement

Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 764325DE6540545D8C1

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

58.57

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

58.57

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

58.57

# 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 126 / 127

<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><b>A.</b> Full Name (Last, First, Middle Initial) Grassroots Organizing Acting &amp; Leading PAC - GOALPAC</p> <p>Mailing Address PO Box 30344</p> <p>City Bethesda State MD Zip Code 20824</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Grassroots Organizing Acting &amp; Leading PAC - GOALPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 6A3BE4B6B860E440847</p> <p>Date of Disbursement 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> 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 General</p> <p>Candidate Name Steven L. Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1249E27FC43A7FA8F34</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kinzinger for Congress</p> <p>Mailing Address PO Box 1050</p> <p>City Bourbonnais State IL Zip Code 60914</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Adam Kinzinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EEF1CAB7350C53B8016</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</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)

PAGE 127 / 127

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Manchin for West Virginia <hr/> Mailing Address PO Box 5202 <hr/> City Charleston State WV Zip Code 25361 <hr/> Purpose of Disbursement 2010 Special Primary Candidate Name Joe Manchin, III <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 381D9002DF1395AC665 Date of Disbursement 08 / 04 / 2010 <hr/> 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) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:
<b>B.</b> Full Name (Last, First, Middle Initial) Stivers for Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement 2010 General Candidate Name Steve Stivers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4D7BFE91EEEC4C63CBD Date of Disbursement 08 / 25 / 2010 <hr/> 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) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15
<b>C.</b> Full Name (Last, First, Middle Initial) Vernon Parker for Congress <hr/> Mailing Address 5635 E Lincoln Drive #18 <hr/> City Paradise Valley State AZ Zip Code 85253 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Vernon Parker <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F66170E27CBF6AC23AF Date of Disbursement 08 / 13 / 2010 <hr/> 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) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03

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

7000.00

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

11500.00