Image# 202005129232671153				PAGE 1 / 88
	EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS	Office U	se Only
1. NAME OF TYF COMMITTEE (in full)		ample: If typing, type er the lines.	12FE4M5	
The Northwestern Mutual	Life Insurance Compa	ny Federal PAC		
ADDRESS (number and street)	20 E Wisconsin Ave			
Check if different				
than previously reported. (ACC)	Milwaukee		WI 53202	2
2. FEC IDENTIFICATION NUMB	SER ▼ CITY ▲	S	STATE 🔺	ZIP CODE
C C00197095	3. IS THIS REPOR	NEW (N) OR	AMENDED (A)	
 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 	(b) Monthly Report Due On: (c) 12-Day RE-Election Report for the:) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year	Election on	M = M / D = D /	Y B Y B Y B Y B B B B B B B B B B B B B	in the State of
Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y	in the State of
5. Covering Period 04	/ D D / Y Y Y Y 01 2020	through 04	/ D D / Y Y 30 20	20
I certify that I have examined this R H Type or Print Name of Treasurer	eport and to the best of my kn Hinze, Michelle, A., ,	owledge and belief it is tru	e, correct and comple	te.
Signature of Treasurer	chelle, A., ,	[Electronically Filed]	Date 05 / 12	D / Y Y Y Y 2020
NOTE: Submission of false, erroneous	, or incomplete information may	subject the person signing th	nis Report to the penalti	es of 52 U.S.C. § 3010
Office Use Only				FORM 3X Rev. 05/2016

05/12/2020 09 : 51

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

The Northwestern Mutual Life Insurance Company Federal PAC

R	Report Covering the Period: From: 04		To: 04 / 0 D / Y Y Y Y Y 30 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		438085.42
	(b) Cash on Hand at Beginning of Reporting Period	383915.51	
	(c) Total Receipts (from Line 19)	33212.50	134090.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	417128.01	572175.42
7.	Total Disbursements (from Line 31)	250.04	155297.45
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	416877.97	416877.97
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 / 2020 T	o: 04 / 30 / 2020
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		1
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	28463.00	100464.16
	(),		
	(ii) Unitemized	4749.50	32625.84
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	33212.50	133090.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines	1 1 Aph 1 1 Aph 1 1 Aph 1	
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	33212.50	133090.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
	Faily Committees		
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other		
	Political Committees	0.00	1000.00
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(a) Tabel Transform (add 40(a) and 40(b))	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	33212.50	134090.00
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	33212.50	134090.00

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Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4			
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	250.04	997.45			
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	250.04	997.45			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	125500.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees		0.00			
(c) Other Political Committees	0.00				
(such as PACs)(d) Total Contribution Refunds	0.00	0.00			
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	28800.00			
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity	(20))				
(from Schedule H6) (i) Federal Share	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
Entirely With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	250.04	155297.45			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	250.04	155297.45			

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form	3X	(Rev.	05/2016)
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III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

	-7			-7	33212.50
1					0.00
	-7-	÷	÷	-7-	
<u>.</u>	,	L	<u>.</u>	,	33212.50
					250.04
1	-7			-7	230.04
1					0.00
1	-7			7	
					250.04
1	-7-	1		-7-	

	-7			-7-	133090.00
i.	-,	i.	i.	-	0.00
	-,			-	133090.00
	-,-			-7	997.45
	-7			-7-	0.00
l	-7-				997.45

COLUMN B

Calendar Year-to-Date

Page 5

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

FOR LINE NUMBER:

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PAGE 6 OF

	EIVIIZED RECEIPIS		for each category of the	×	11a		111	b	11c	12	
			Detailed Summary Page		13		14		15	16	17
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\rangle	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	Insurance	Company Federal PA	С							
۹.	Full Name of Individual (Last, First, Middle Abbass, Steven, Fay, ,	Initial) or Full C	Organization Name		Date of	Re	eceij	pt			
	Mailing Address 9 Woodhull Ct				^M 04	1		D D D 15	/ Y	y y 2020	Y
	City Northport	State NY	Zip Code 11768-2844				-			519215-	
	FEC ID number of contributing federal political committee.	C					- -		-9-	125	.00
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emo) Ite	əm			
	Receipt For: Primary General Other (specify) ▼]									
3.	Full Name of Individual (Last, First, Middle Abbass, Steven, Fay, ,	Initial) or Full C	organization Name		Date of	Re	eceij	pt			
	Mailing Address 9 Woodhull Ct				04 30 2020						
	City Northport	State NY	Zip Code 11768-2844				-			019135-6 nis Perioc	
	FEC ID number of contributing federal political committee.			125.00							
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emo) Ite	əm			
	Receipt For: Primary General Other (specify) ▼	Aggregate]								
.	Full Name of Individual (Last, First, Middle Abell, Rick, A, ,	Initial) or Full C	organization Name		Date of	Re	ecei	pt			
	Mailing Address 6025 Princeton Reach Wa	y			04	/		15	/ Y	2020	Y
	City Granite Bay	State CA	Zip Code 95746-6217							1519215- nis Perioc	
	FEC ID number of contributing federal political committee.	С				,		y	125	.00	
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		M	emo	o Ite	əm			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]							
s	UBTOTAL of Receipts This Page (optional)			•			y		9	375.	.00
Т	OTAL This Period (last page this line numb	er only)					7				

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

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						13		14			15	16	17
	y information copied from such Reports and State for commercial purposes, other than using the nar												
\backslash	NAME OF COMMITTEE (In Full)		0.	manager Fastanal DAG	`								
	The Northwestern Mutual Life Insu	irance	00	mpany Federal PAC	ر 								
Α.	Full Name of Individual (Last, First, Middle Initial) Abell, Rick, A, ,	or Full Or	rgan	ization Name		Date of	Re	ece	ipt				
	Mailing Address 6025 Princeton Reach Way					м м 04	/	[D 10		/ Y	ү ү 2020	Ŷ
	City	State CA		Zip Code		Trans	acti	ior	ID :	20	020043	019135-4	45
	Granite Bay			95746-6217	A	mount	of	Ea	ach F	Rec	ceipt th	is Period	l
	FEC ID number of contributing federal political committee.	С						,			-y	125	.00
	Name of Employer (for Individual) Self-Employed		•	on (for Individual) Insurance Agent		Me	emo	b It	em				
	Receipt For:	ggregate `	Year	r-to-Date ▼									
	Primary General Other (specify) ▼												
В.	Full Name of Individual (Last, First, Middle Initial) Badran, Souheil, , ,	or Full Or	rgan	ization Name		Date of	Re	ece	ipt				
	Mailing Address 821 W Daphne Rd			04 15 2020									
-	City	State Zip Code							ID :	20	20041	519414-5	560
	Glendale	WI	53217-4039	A					-		is Perioc		
	FEC ID number of contributing federal political committee.	С				67.00							
	Name of Employer (for Individual) NML	Occu Evp		Me	emo	b It	em						
	Receipt For: A Primary General Other (specify) ▼	ggregate `	Year	-to-Date ▼ 536.00									
с.	Full Name of Individual (Last, First, Middle Initial) Badran, Souheil, , ,	or Full Or	rgan	ization Name		Date of	Re	ece	ipt				
	Mailing Address 821 W Daphne Rd					м м 04	/	ľ	30		/ Y	y 2020	Ŷ
	City	State		Zip Code		Trans	acti	ioi	ו ID :	20	020043	019414-	630
	Glendale	WI		53217-4039	A	mount	of	Ea	ach F	Rec	ceipt th	is Perioc	
	FEC ID number of contributing federal political committee.	С								67	.00		
	Name of Employer (for Individual) NML		•	on (for Individual) hief Operating Officer		Memo Item							
	Receipt For: A	ggregate `	Year	r-to-Date ▼									
	Primary General Other (specify)	49.	536.00										
					<u> </u>	_	_		_		_		
S	UBTOTAL of Receipts This Page (optional)			•••••	-	-	-	9	-	-	9	259.	00
T	OTAL This Period (last page this line number only	[,])		••••••		_		-			_		

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

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PAGE 8 OF

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		Detailed Summary Page	13 14 15 16					
or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
> The Northwestern Mutual Life	e Insurance	Company Federal PAG						
Full Name of Individual (Last, First, Middle Beer, Mitchell, C, ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3387 Hampton Ct			04 D D / Y Y Y Y 2020					
City	State	Zip Code	Transaction ID : 2020041519215-19					
Thousand Oaks	CA	91362-1130	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		62.50					
Name of Employer (for Individual) Self-Employed		upation (for Individual) Ieral Insurance Agent	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify) ▼		500.00						
Full Name of Individual (Last, First, Middle 3. Beer, Mitchell, C, ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3387 Hampton Ct			04 30 2020					
City	State	Zip Code	Transaction ID : 2020043019135-19					
Thousand Oaks	CA	91362-1130	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
Full Name of Individual (Last, First, Middle Beilin, Alex, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 200 Broad St Apt 1238			04 15 / Y Y Y Y 04 15 2020					
City	State	Zip Code	Transaction ID : 2020041519215-40					
Stamford	СТ	06901-2067	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		83.33					
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item					
Receipt For:	I	Year-to-Date ▼	—					
Primary General			1					
Other (specify)		666.64						
SUBTOTAL of Receipts This Page (optional)		208.33					
TOTAL This Period (last page this line numl	ber only)							

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12 13 14 15 16 17							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) The Northwestern Mutual L	ife Insurance	Company Federal PA	C							
Full Name of Individual (Last, First, Mid Beilin, Alex, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 200 Broad St Apt 1238			M M / D D / Y Y Y Y 04 30 2020							
City Stamford	State CT	Zip Code 06901-2067	Transaction ID : 2020043019135-40 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.64]							
Full Name of Individual (Last, First, Mid B. Bentley, John, E, ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2012 E Glendale Ave			04 15 / Y Y Y Y 2020							
City Whitefish Bay	State WI	Zip Code 53211-1239	Transaction ID : 2020041519414-672 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		48.00							
Name of Employer (for Individual) NML		upation (for Individual) Public Investments	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.00]							
Full Name of Individual (Last, First, Mid C. Bentley, John, E, ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2012 E Glendale Ave										
City Whitefish Bay	State WI	Zip Code 53211-1239	Transaction ID : 2020043019414-671 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		48.00							
Name of Employer (for Individual) NML		upation (for Individual) Public Investments	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.00]							
SUBTOTAL of Receipts This Page (option	' nal)		179.33							
TOTAL This Period (last page this line nu	imber only)									

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11:	۹ [11b 14	11c	12 16	17					
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NAME OF COMMITTEE (In Full)													
The Northwestern Mutual Life	e Insurance	Company Federal PA	С										
Full Name of Individual (Last, First, Middle A. Black, Dwaan, C, ,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 3520 Dumbarton Rd NW				04 / D D / Y Y Y Y 2020									
City Atlanta	State GA	Zip Code 30327-2614				2020041 Receipt th	519215-1 is Period	4					
FEC ID number of contributing federal political committee.	С				- 7 -	- 7-	42.0	00					
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]										
Full Name of Individual (Last, First, Middle B. Black, Dwaan, C, ,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 3520 Dumbarton Rd NW			M	04 / D D / Y Y Y Y Y 2020									
City Atlanta	State GA	Zip Code 30327-2614					019135-14	4					
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 42.00									
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) General Insurance Agent			o Item								
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		336.00]										
Full Name of Individual (Last, First, Middle Botcher, Sandra, L, ,	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 10260 N RANGE LINE C			0	м 4	/ D D D D D D D D D D D D D D D D D D D		2020	Y					
City MEQUON	State WI	Zip Code 53092				2020041 Receipt th	519414-5 is Period	35					
FEC ID number of contributing federal political committee.	С				, i	9	107.0	00					
Name of Employer (for Individual) NML		upation (for Individual) Field Experience		Mem	io Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 856.00	1										
SUBTOTAL of Receipts This Page (optional)				9	. ,	191.0	00					
TOTAL This Period (last page this line num	ber only)												

Use separate schedule(s)

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IТ			Use separate schedule(s)	(check only one)									
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		2	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to so	for the	pur ntrib	pose of	soliciting	g cont	ributio	ons		
	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life In	surance	Company Federal PAC	2									
Α.	Full Name of Individual (Last, First, Middle Init Botcher, Sandra, L, ,	ial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 10260 N RANGE LINE C				м м 04	1	D D D 30	/ Y	y 202	20			
	City MEQUON	State WI	Zip Code 53092	Transaction ID : 2020043019414-603 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							1	107.00)		
	Name of Employer (for Individual) NML		upation (for Individual) Field Experience		M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 856.00										
в.	Full Name of Individual (Last, First, Middle Initi Brase, Jennifer, L, , Mailing Address 12877 N Cobblestone Ct	ial) or Full O	rganization Name	_	Date of	Re	ceipt	/ Y	Y	Y			
	City	State	Zip Code		04 Trans	acti	15 on ID : 1	2020041	202		n		
	Mequon	WI	53097-1812					eceipt th			0		
	FEC ID number of contributing federal political committee.	C			40.00)		
	Name of Employer (for Individual) NML	Occupation (for Individual) Vp D&I And McMs			M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00										
С.	Full Name of Individual (Last, First, Middle Initi Brase, Jennifer, L, ,	ial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 12877 N Cobblestone Ct				04	1	30	JL	y 202	0			
	City Mequon	State WI	Zip Code 53097-1812	_			-	2020043 eceipt th			2		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, <u>,</u>		40.00)		
	Name of Employer (for Individual)		upation (for Individual) D&I And McMs		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00										
F	UBTOTAL of Receipts This Page (optional)			-			,	· · ·	1	87.00			

SCHEDULE A (FEC Form 3X) _____ _____ _

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IT.			Use separate schedule(s)	(ch	eck only	or	ne)							
			for each category of the Detailed Summary Page		1 1a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PAC	2										
A.	Full Name of Individual (Last, First, Middle Initia Brissette, Lori, M, ,	l) or Full Or	organization Name		Date of	Re	ceipt							
	Mailing Address 410 Senna Trl				04 / D D / Y Y Y Y 2020									
	City San Antonio	State TX	Zip Code 78256-1626		Transaction ID : 2020041519414-407 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		60	.00				
	Name of Employer (for Individual) NML		upation (for Individual) Client Adv & Pres Nmis		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00											
в.	Full Name of Individual (Last, First, Middle Initia Brissette, Lori, M, ,	l) or Full Or	organization Name		Date of	Re	ceipt							
	Mailing Address 410 Senna Trl				м м 04	/	D 30		2020	Y				
	City San Antonio	State TX	Zip Code 78256-1626				-		3019414- his Period					
	FEC ID number of contributing federal political committee.	С			60.0									
	Name of Employer (for Individual) NML		upation (for Individual) O Client Adv & Pres Nmis		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00											
С.	Full Name of Individual (Last, First, Middle Initia Byrne, Michael, T, ,	l) or Full Or	organization Name		Date of	Re	ceipt							
	Mailing Address 395 La Casa Via				04	/	D 15		2020	Y				
	City Walnut Creek	State CA	Zip Code 94598-4842						1519215-					
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	208	.00				
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		Me	emo	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00											
s	UBTOTAL of Receipts This Page (optional)		•				, .	,	328	.00				
т	OTAL This Period (last page this line number or	ıly)	••••••	_			<u> </u>							

SCHEDULE A (FEC Form	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 88 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) The Northwestern Mutual L	ife Insurance Company Federal PAC	2
Full Name of Individual (Last, First, Mic A. Byrne, Michael, T, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 395 La Casa Via 	State Zip Code	04 30 2020 Transaction ID - 2020 42040425 42
Walnut Creek	CA 94598-4842	Transaction ID : 2020043019135-12 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00	
Full Name of Individual (Last, First, Mid B. Cadotte, Lisa, A, ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 7009 W Rawson Ave		M M / D D / Y Y Y Y 04 15 2020
City Franklin	State Zip Code WI 53132-8113	Transaction ID : 2020041519414-476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Investment Risk & Ops	Memo Item
	Aggregate Year-to-Date ▼	_
Other (specify) ▼	600.00	
Full Name of Individual (Last, First, Mic C. Cadotte, Lisa, A, ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 7009 W Rawson Ave		04 04 2020
City Franklin	StateZip CodeWI53132-8113	Transaction ID : 2020043019414-526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Investment Risk & Ops	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optio	nal)	358.00
TOTAL This Period (last page this line n	umber only)	

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

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

			for each category of the Detailed Summary Page			11a		-	11b	, [11c	12	Г	- -		
	formation copied from such Reports and Staten commercial purposes, other than using the nam							po									
\ \	ME OF COMMITTEE (In Full) ne Northwestern Mutual Life Insu	rance	e Co	ompany Federal PAC	2												
	Name of Individual (Last, First, Middle Initial) or arter, Michael, G, ,	or Full C	Orga	nization Name	Date of Receipt												
Mai	ling Address 7322 N Mohawk Rd						04 / D D / Y Y Y Y 2020										
City		State WI		Zip Code		Trans	acti	io	on I	ID : 2	202	20041	519414	-369	_		
		VVI	_	53217-3454	A	moun	t of	E	Eac	h Re	ece	eipt thi	s Perio	bd			
	C ID number of contributing eral political committee.	0	_		208.00												
Nar NM	ne of Employer (for Individual) L		•	tion (for Individual) o & Cro		М	emc	0	lte	m							
Rec		ggregate	e Yea	ar-to-Date 🔻													
	Primary General Other (specify) ▼		-	1664.00													
	Name of Individual (Last, First, Middle Initial) of Arter, Michael, G, ,	or Full C	Orga	nization Name		Date o	f Re	ec	eip	ot							
Mai	ling Address 7322 N Mohawk Rd				04 / D D / Y Y Y Y 04 30 2020												
City	,	State		Zip Code		Trans	acti	io	n I	D : 2	20:	200430)19414	-452			
Fox	< Point	WI		53217-3454	A	moun	t of	E	Eac	h Re	ece	eipt thi	s Perio	d			
	C ID number of contributing eral political committee.	C			208.00												
Nar NM	me of Employer (for Individual) L		cupa p, Cf	Memo Item													
Rec	ceipt For: Primary General Other (specify) ▼	ggregate	e Yea	ar-to-Date ▼ 1664.00													
	Name of Individual (Last, First, Middle Initial) a astronovo, Greg, , ,	or Full C	Orga	nization Name		Date o	f Re	ec	eip	ot							
	ling Address 317 Evening Star Ln					м м 04	/		D	л 15	1	/ Y	y 2020	Y	1		
City		State		Zip Code		Trans	sact	tio	on	ID : 2	20	20041	519215	-28			
Bo	zeman	MT		59715-7738	A	moun	t of	E	Eac	h Re	ece	eipt thi	s Perio	d			
	C ID number of contributing eral political committee.	C				_		,	9	_	-	g	4	2.00			
	ne of Employer (for Individual) f-Employed		•	tion (for Individual) I Insurance Agent		М	emo	0	lte	m							
Rec		ggregate	e Yea	ar-to-Date 🔻													
	Primary General Other (specify)		-9-	336.00													
SUB1	FOTAL of Receipts This Page (optional)										-		45	B.00			
	L This Period (last page this line number only)				Ī			_	,		Ŧ	, 					

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

PAGE 15 OF

111	EMIZED RECEIPTS		for each category of the	X 1'		_								
		Detailed Summary Page			а	11b	11c		12					
_				1:		14	15		16		17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)													
	The Northwestern Mutual Life Ins	urance	Company Federal PAC	С										
Α.	Full Name of Individual (Last, First, Middle Initial Castronovo, Greg, , ,) or Full Or	ganization Name	Dat	e of F	Receipt								
	Mailing Address 317 Evening Star Ln			М)4	/ D 30) / D)		20	Y				
	City	State MT	Zip Code		Transaction ID : 2020043019135-28									
	Bozeman		59715-7738	Am	ount c	f Each	Receipt t	his Pe	eriod					
	FEC ID number of contributing federal political committee.	С							42.0	0				
	Name of Employer (for Individual)	Occu	pation (for Individual)		Men	no Item								
	Self-Employed	Gene	eral Insurance Agent											
		Aggregate `	Year-to-Date ▼											
	Primary General Other (specify)		336.00	1										
	Full Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name											
	Christensen, Scott, G, ,			Dat	e of F	Receipt								
	Mailing Address 45 Middle Rd	01-1-	M	M 04	/ 1	5 / 7	202	20	Y					
	City Portsmouth	State NH	Zip Code 03801-4802				: 202004 [·]							
					ount c	r Each	Receipt t	nis Pe	erioa	_				
	FEC ID number of contributing federal political committee.	С			75.00									
	Name of Employer (for Individual) Self-Employed		ipation (for Individual) eral Insurance Agent	Memo Item										
		Aggregate `	Year-to-Date ▼											
	Primary General		600.00	1										
	Other (specify) v		, , , , , , , , , , , , , , , , , , , ,											
	Full Name of Individual (Last, First, Middle Initial Christensen, Scott, G , ,) or Full Or	ganization Name	Dat	e of F	Receipt								
	Mailing Address 45 Middle Rd			M	04	/ D 30) / D)	20	20 [°]	Y				
	City	State	Zip Code	Т	ansa	tion ID	: 202004	30191	135-26	5				
	Portsmouth	NH	03801-4802	Am	ount c	f Each	Receipt t	his Pe	eriod		_			
	FEC ID number of contributing federal political committee.	С				y	9		75.0	0				
	Name of Employer (for Individual) Self-Employed		pation (for Individual) eral Insurance Agent	Memo Item										
	Receipt For:	Aggregate `	Year-to-Date 🔻											
	Primary General		600.00	1										
	Other (specify)													
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number on	· · ·			5	5		192.00	0]				

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

ITEMIZED RECEIPTS		each category of the etailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) The Northwestern Mutual I	ife Insurance Cor	mpany Federal PA	C									
Full Name of Individual (Last, First, Mi A. Christophersen, Eric, P, ,	ddle Initial) or Full Organiz	zation Name	Date of Receipt									
Mailing Address N25W27286 Fairmour			04 / D D / Y Y Y Y 2020									
City Pewaukee	State 2 WI	Zip Code 53072-4962	Transaction ID : 2020041519414-736 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		95.00									
Name of Employer (for Individual) NML		n (for Individual) Phil & Comm Rel	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 760.00]									
Full Name of Individual (Last, First, Mi B. Christophersen, Eric, P, ,	ddle Initial) or Full Organiz	zation Name	Date of Receipt									
Mailing Address N25W27286 Fairmoun	t Ct		04 / D D / Y Y Y Y 04 30 2020									
City Pewaukee	State 2 WI	Zip Code 53072-4962	Transaction ID : 2020043019414-379 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		95.00									
Name of Employer (for Individual) NML		n (for Individual) Phil & Comm Rel	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 760.00]									
Full Name of Individual (Last, First, Mi C. Condrey, R, Michael, ,	ddle Initial) or Full Organiz	zation Name	Date of Receipt									
Mailing Address 907 Williamson Dr			04 / D D / Y Y Y Y 04 15 2020									
City Raleigh	State Z NC	Zip Code 27608-2307	Transaction ID : 2020041519215-2 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		208.00									
Name of Employer (for Individual) Self-Employed Receipt For:	General Ir	n (for Individual) nsurance Agent	Memo Item									
Primary General Other (specify)	Aggregate Year-	1664.00]									
SUBTOTAL of Receipts This Page (optic	' nal)		398.00									
TOTAL This Period (last page this line n	umber only)											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	e Insurance	Company Federal PA	0
Full Name of Individual (Last, First, Middle Condrey, R, Michael, , Mailing Address 907 Williamson Dr City Raleigh FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) ▼	State NC C Occ Ger	Zip Code 27608-2307 upation (for Individual) neral Insurance Agent Year-to-Date ▼ 1664.00	Date of Receipt
Full Name of Individual (Last, First, Middle B. Cruse, Tait, , , Mailing Address 2961 Belclaire Dr City Frisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) ▼	State TX C Occ Gen	Zip Code 75034-5969 upation (for Individual) heral Insurance Agent Year-to-Date ▼ 1664.00	Date of Receipt
Full Name of Individual (Last, First, Middle Cruse, Tait, , , Mailing Address 2961 Belclaire Dr City Frisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)	State TX C Occ Gen	Zip Code 75034-5969 upation (for Individual) eral Insurance Agent Year-to-Date ▼ 1664.00	Date of Receipt 04 30 2020 Transaction ID : 2020043019135-18 Amount of Each Receipt this Period 208.00 Memo Item
SUBTOTAL of Receipts This Page (optional	,		624.00

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 88 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	e Insurance Company Federal PAC	2
Full Name of Individual (Last, First, Middle Cunningham, Brian, R, , Mailing Address 6251 S Billings Way	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	04 15 2020 Transaction ID : 2020041519215-11
Centennial FEC ID number of contributing	CO 80111-6009	Amount of Each Receipt this Period
federal political committee.	Occupation (for Individual)	Memo Item
Self-Employed Receipt For: Primary General Other (specify) ▼	General Insurance Agent Aggregate Year-to-Date ▼ 1664.00	
Full Name of Individual (Last, First, Middle Cunningham, Brian, R, , Mailing Address 6251 S Billings Way	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	04 30 2020 Transaction ID : 2020043019135-11
Centennial FEC ID number of contributing federal political committee.	CO 80111-6009	Amount of Each Receipt this Period
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00	
Full Name of Individual (Last, First, Middle Dinger, Derrick, D, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3195 49th St S	State Zip Code	04 15 2020 Transaction ID : 2020041519215-65
Fargo	ND 58104-4542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer (for Individual) Self-Employed Receipt For:	Occupation (for Individual) General Insurance Agent	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts This Page (optional))	458.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s)

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		Use separate schedule(s)				(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions				
$\overline{)}$	NAME OF COMMITTEE (In Full)													
	The Northwestern Mutual Life Ins	surance	Company Federal PAC	C										
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name			_								
Α.	Dinger, Derrick, D, , Mailing Address 3195 49th St S			_	Date of	Re		_						
	Maining Address 3195 49(1) 5(5				04	1	30) / Y	2020	Y				
	City	State	Zip Code		Transaction ID : 2020043019135-65									
	Fargo	ND	58104-4542	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		42.00										
	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emc	ltem							
	Self-Employed	Gen	eral Insurance Agent											
	Receipt For: Primary General	Aggregate	Year-to-Date V											
	Other (specify)		336.00											
			-gsgsas.											
в.	Full Name of Individual (Last, First, Middle Initia Dodd, Paul, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 7078 E Genesee St			м м 04	1	D 15) / Y	y y 2020	Y					
	City	State NY	Zip Code 13066-1123						519215-1	-				
	Fayetteville			Amount	of	Each F	leceipt th	iis Period						
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) General Insurance Agent			208.00									
	Name of Employer (for Individual) Self-Employed				Me	emo	tem							
	Receipt For:	Aggregate												
	Primary General Other (specify) ▼													
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Dodd, Paul, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 7078 E Genesee St				04	1	30		ү 2020	Y				
	City	State NY	Zip Code						019135-1					
	Fayetteville		13066-1123	_	Amount	of	Each F	leceipt th	is Period					
	FEC ID number of contributing federal political committee.	С			Ľ.	_	9		208.	00				
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	b Item							
	Self-Employed Receipt For:	I	eral Insurance Agent	_										
	Primary General	Aggregate	Year-to-Date											
	Other (specify)													
s	UBTOTAL of Receipts This Page (optional)						, ,		458.	00				
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			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12	17
			y not be sold or used by any p ddress of any political committe		or the p	purpo	ose of s	soliciting	contribu	tions
	. ,			-						
The Northwe	estern Mutual Life Ins	surance	Company Federal PA	С						
Full Name of Indiv A. Dugal, Steven,	idual (Last, First, Middle Initia	al) or Full Or	rganization Name		Date of	Rec	eipt			
Mailing Address 9	Falcon Dr				м м 04	/	15	/ Y	2020	Y
City		State	Zip Code		Trans	actio	n ID : 2	2020041	519215-1	6
Mandeville		LA	70471-2952	A	Amount	of E	ach Re	eceipt th	is Period	
FEC ID number of federal political cor	0	С							208.	00
Name of Employer	r (for Individual)	Occu	pation (for Individual)		Me	emo l	ltem			
Self-Employed		Gene	eral Insurance Agent							
Receipt For:	General	Aggregate `	Year-to-Date ▼							
Primary Other (specif	General [v] ▼	· · · ·	1664.00	1						
	idual (Last, First, Middle Initia	al) or Full Or	rganization Name			_				
B. Dugal, Steven					Date of	Rec	•			
Mailing Address 9	Falcon Dr				м м 04	'	30	/ Y	2020	Y
City		State	Zip Code		Transa	actio	n ID : 2	020043	019135-1	6
Mandeville		LA	70471-2952	A	Amount	of E	ach Re	eceipt th	is Period	
FEC ID number of federal political cor	0	С							208.	00
Name of Employer Self-Employed	r (for Individual)		upation (for Individual) eral Insurance Agent		Me	emo l	ltem			
Receipt For:		Aggregate `	Year-to-Date V							
Primary Other (specif	∫ General fy) ▼		, 1664.00	1						
	idual (Last, First, Middle Initia	al) or Full Or	rganization Name			Dee				
C. Dunn, John, Mailing Address 4					Date of	Hec	eipt		YYY	V
					04	Ľ	15		2020	<u> </u>
City Whitefish Bay		State WI	Zip Code 53211-1260						519414-4	
			33211-1200	_ /	Amount	of E	ach Re	eceipt th	is Period	
FEC ID number of federal political cor	0	С						- y	55.	00
Name of Employer NML	r (for Individual)		ipation (for Individual) Ipas Cnsl		Me	emo	ltem			
Receipt For:	Conorol	Aggregate	Year-to-Date 🔻							
Other (specif	General (fv)		440.00	1						
			gr. 1 1 gr. 1 1 m. 1							
SUBTOTAL of Rece	ipts This Page (optional)					,		,	471.	00
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		Use separate schedule(s)			(check only one)								
			for each category of the Detailed Summary Page		× 11a 13		11b	11c 15		12 16	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p address of any political committe	erson e to s	for the	purj ntrib	pose of	soliciting	g cont	tributio	ons		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life In	surance	Company Federal PA	С									
A .	Full Name of Individual (Last, First, Middle Initi Dunn, John, E, ,	ial) or Full O	Organization Name		Date of	Bo							
Α.	Mailing Address 4656 N Wilshire Rd				Date of Receipt								
	City Whitefish Bay	State WI	Zip Code 53211-1260				-	2020043 eceipt th		-	7		
	FEC ID number of contributing federal political committee.	С						1 1		55.00	0		
	Name of Employer (for Individual) NML		upation (for Individual) & Ipas Cnsl		M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00]									
в.	Full Name of Individual (Last, First, Middle Initi Ekeroth, Eric, J, ,	ial) or Full O	Organization Name		Date of	Re	eceipt						
	Mailing Address 19672 Stanford Hall Pl				04	1	D D D	/ Y	202	20	Y		
	City Ashburn	State VA	Zip Code 20147-5223					2020041 eceipt th			4		
	FEC ID number of contributing federal political committee.	С								36.00	0		
	Name of Employer (for Individual) NML		cupation (for Individual) gional Director		М	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.00]									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Ekeroth, Eric, J, ,	ial) or Full O	Organization Name		Date of	Re	eceipt						
	Mailing Address 19672 Stanford Hall Pl				^M 04	1	30	/ Y	202	20	Ŷ		
	City Ashburn	State VA	Zip Code 20147-5223					2020043 eceipt th			8		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		_	36.00	0		
	Name of Employer (for Individual)		upation (for Individual) gional Director		М	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.00	1									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	_		,			127.00)		
т	OTAL This Period (last page this line number of	only)					_						

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11			for each category of the Detailed Summary Page		X 11a 13		11b 14	11c 15		2	17		
Ar or	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any p ddress of any political committee	erson e to s	for the	pur ntrik	pose of	soliciting	g contr	ributio	ons		
	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life In	isurance	Company Federal PA	С									
A.	Full Name of Individual (Last, First, Middle Init Erhard, Keith, A, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 4807 Timberwood Ct				04 15 / Y Y Y Y 2020								
	City W Des Moines	State IA	Zip Code 50265-5447				-	2020041					
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			42.00)		
	Name of Employer (for Individual) Self-Employed		ipation (for Individual) eral Insurance Agent		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 336.00	1										
в.	Full Name of Individual (Last, First, Middle Init Erhard, Keith, A, , Mailing Address 4807 Timberwood Ct	ial) or Full O	rganization Name		Date o	f Re	eceipt		Y	YY	-		
	City	State	Zip Code		04	act	30	2020043	2020	0			
	W Des Moines FEC ID number of contributing federal political committee.	C	50265-5447		Amoun	t of	Each R	eceipt th		riod 42.00)		
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1									
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Ertz, John, C, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 18235 Shaker Blvd				04	/	D D D 15	/ Y	2020				
	City Shaker Hts	State OH	Zip Code 44120-1754					2020041 eceipt th			_		
	FEC ID number of contributing federal political committee.	С			<u> </u>		9			208.00)		
	Name of Employer (for Individual) Self-Employed Receipt For:	Gen	upation (for Individual) eral Insurance Agent		M	emo	o Item						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00	1									
s	UBTOTAL of Receipts This Page (optional)			►	ļ.		9		2	92.00			
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SCHEDULE A (FEC Form 3X) DEACIDTA

Use separate schedule(s)

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PAGE 23 OF

ITEMIZED RECEIPTS	Use separate schedule(s)			(check only one)								
11			for each category of the Detailed Summary Page	7	× 11a 13		11b		11c 15		12 16	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the											
$\left[\right]$	NAME OF COMMITTEE (In Full)											
	The Northwestern Mutual Life Ins	surance	Company Federal PAC)								
Α.	Full Name of Individual (Last, First, Middle Initia Ertz, John, C, ,	al) or Full O	rganization Name		Date of	of Re	eceipt					
	Mailing Address 18235 Shaker Blvd				^M 04	VI /	D	р 30	/ Y)20	Y
	City	State	Zip Code		Tran	sact	ion ID):2	020043	30191	135-4	
	Shaker Hts	OH	44120-1754	_	Amour	nt of	Each	Re	ceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					-		-		208.0	0
	Name of Employer (for Individual)	Осси	upation (for Individual)		Ν	Лет	o Item	n				
	Self-Employed	Gen	eral Insurance Agent									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		1664.00									
	Other (specify) V	L	1004.00									
D	Full Name of Individual (Last, First, Middle Initia Eull, Bradley, L, ,	al) or Full O	rganization Name		Date of	of D	acoint					
Ъ.	Mailing Address 2363 N 81st St			-	M		D			v	Ý	V
					04	vi /		15	, ,	202		·
	City	State	Zip Code		Tran	sact	ion ID):2	020041	5194	14-64	10
	Wauwatosa	WI	53213-1001		Amour	nt of	Each	Re	ceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					-		-		32.0	0
	Name of Employer (for Individual) NML		upation (for Individual) Gn Cnl & Ast Sec / Ipas		Ν	/lemo	o Item	ı				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	, .gg. oguto										
	Other (specify) v		256.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Eull, Bradley, L, ,	al) or Full O	rganization Name		Date of	of Re	eceipt					
	Mailing Address 2363 N 81st St				M 04			р 30	/ Y	20	20	Y
	City	State	Zip Code		Tran	sact	tion II):2	02004:	30194	414-3	84
	Wauwatosa	WI	53213-1001		Amour	nt of	Each	Re	ceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			[]		y		y		32.0	0
	Name of Employer (for Individual) NML		upation (for Individual) Gn Cnl & Ast Sec / Ipas		Ν	Vem	o Iterr	ı				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		256.00									
\vdash	UBTOTAL of Receipts This Page (optional)						9		<u> </u>		272.0	0

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			person for the purpose of soliciting contributions the to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	e Insurance	Company Federal PA	С							
Full Name of Individual (Last, First, Middle Fleisner, Corey, R, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4740 Waterstone Ct			04 / Y Y Y Y Y 2020							
City Appleton	State WI	Zip Code 54914-8571	Transaction ID : 2020041519215-55 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]							
Full Name of Individual (Last, First, Middle Fleisner, Corey, R, , Mailing Address 4740 Waterstone Ct	Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	04 30 2020 Transaction ID : 2020043019135-55							
Appleton	WI	54914-8571	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		42.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]							
Full Name of Individual (Last, First, Middle C. Fradin, Gerald, E, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 144 Finstad Dr	1		04 / D D / Y Y Y Y Y 2020							
City Libertyville	State IL	Zip Code 60048-1300	Transaction ID : 2020041519414-537 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) NML		upation (for Individual) Director Era-Internal Audit	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00]							
SUBTOTAL of Receipts This Page (optional)			114.00							
TOTAL This Period (last page this line numb	per only)									

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PAGE 25 OF

		Use separate schedule(s)				(check only one)							
			for each category of the Detailed Summary Page	×	11a 13	1	1b	11c 15	12 16	17			
	on copied from such Reports and rcial purposes, other than using t				or the	purpo	se of so	liciting	contribu	utions			
	COMMITTEE (In Full) orthwestern Mutual Life	Insurance	Company Federal PA	С									
	of Individual (Last, First, Middle Gerald, E, ,	Initial) or Full O	rganization Name		Date of	Rece	eipt						
	dress 144 Finstad Dr				м м 04	/	D D D 15	/ Y	y y 2020	Y			
City Libertyville	9	State IL	Zip Code 60048-1300						519414-5 is Period				
	umber of contributing itical committee.	С						-9-	30.	.00			
Name of E NML	Employer (for Individual)		pation (for Individual) Director Era-Internal Audit		Me	emo li	tem						
Receipt Fo		Aggregate	Year-to-Date ▼ 480.00]									
B. Fradin,	of Individual (Last, First, Middle Gerald, E, ,	Initial) or Full O	rganization Name	(Date of	Rece	eipt						
Mailing Ad	dress 144 Finstad Dr	State	Zip Code		м м 04	/	^D 30	/ Y	y y 2020				
Libertyville)	IL	60048-1300	A					019414-6 is Period				
	umber of contributing itical committee.	С						- -	30.	_			
Name of E NML	Employer (for Individual)		upation (for Individual) Director Era-Internal Audit		Me	emo li	tem						
Receipt Fo		Aggregate	Year-to-Date ▼ 480.00]									
	of Individual (Last, First, Middle Gerald, E, ,	Initial) or Full O	rganization Name		Date of	Rece	eipt						
	dress 144 Finstad Dr				^M 04	1	D D D 30		y y 2020				
City Libertyville	2	State IL	Zip Code 60048-1300						019414-6 is Period				
	umber of contributing litical committee.	С				,		9	30.	.00			
NML	Employer (for Individual)		ipation (for Individual) Director Era-Internal Audit		Me	emo l	tem						
Receipt Fo		Aggregate	Year-to-Date ▼ 480.00										
SUBTOTAL	of Receipts This Page (optional).							y	90.	.00			
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Use separate schedule(s)

FOR LINE NUMBER:

PAGE 26 OF

	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) The Northwestern Mutual Li	fe Insurance	Company Federal PA	C						
Full Name of Individual (Last, First, Mido Franczyk, Lance, P, ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 111 W 5th St Apt 1002			04 15 / Y Y Y Y 2020						
City Tulsa	State OK	Zip Code 74103-4270	Transaction ID : 2020041519215-30 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name of Individual (Last, First, Mido B. Franczyk, Lance, P , ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 111 W 5th St Apt 1002	Chata	Zin Oode	04 / D D / Y Y Y Y Y 2020						
City Tulsa	State OK	Zip Code 74103-4270	Transaction ID : 2020043019135-30 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name of Individual (Last, First, Mide C. Frieling, Robert, T, ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 11 Homestead Rd			04 / D D / Y Y Y Y Y 2020						
City Wellesley	State MA	Zip Code 02482-6923	Transaction ID : 2020041519215-3 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		208.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00]						
SUBTOTAL of Receipts This Page (option	al)		458.00						
TOTAL This Period (last page this line nu	mber only)								

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
	y information copied from such Reports and Stafor commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
	The Northwestern Mutual Life In	surance	Company Federal PA	С							
Α.	Full Name of Individual (Last, First, Middle Initi Frieling, Robert, T, ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 11 Homestead Rd			04 / D D / Y Y Y Y 02020							
	City Wellesley	State MA	Zip Code 02482-6923	Transaction ID : 2020043019135-3 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		208.00							
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]							
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name								
в.	Gahan, Christopher, T, , Mailing Address 1301 H St NE			Date of Receipt 04 15 2020							
	City	State	Zip Code	Transaction ID : 2020041519414-512							
	Washington	DC	20002-3074	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		40.00							
	Name of Employer (for Individual) NML		upation (for Individual) Ieral Relations, Vp	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Gahan, Christopher, T, ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1301 H St NE			04 / D D / Y Y Y Y 2020							
	City Washington	State DC	Zip Code 20002-3074	Transaction ID : 2020043019414-578 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		40.00							
	Name of Employer (for Individual) NML		upation (for Individual) eral Relations, Vp	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00]							
⊢	UBTOTAL of Receipts This Page (optional)			288.00							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 28 OF

	Detailed Summary Page		×			11b	11c		12	· _	
Anv	v information copied from such Reports and St	atements ma	I ay not be sold or used by anv	person	13 for the	 pur	pose of	15 soliciting	 g co	16 16	17 ions
or f	or commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)	0.0000000	Compony Fodowel D	۸ ۰							
	The Northwestern Mutual Life In	surance	Company Federal P/	40							
	Full Name of Individual (Last, First, Middle Initi Gawart, Chris, K, ,	ial) or Full O	organization Name		Date of	f D,					
	Mailing Address 1610 N Prospect Ave					_			v	v	V
-					04	ĺ	15		2	020	
	City	State WI	Zip Code		Trans	act	tion ID :	2020041	519	414-4:	39
-	Milwaukee	VVI	53202-6702		Amoun	t of	Each F	Receipt th	າis F	'eriod	
	FEC ID number of contributing rederal political committee.	С			Ľ.				_	65.0)0
	Name of Employer (for Individual)		upation (for Individual) General Counsel		М	em	o Item				
_	Receipt For:		Year-to-Date V								
	Primary General										
	Other (specify)		520.00								
	Full Name of Individual (Last, First, Middle Initi Gawart, Chris, K, ,	ial) or Full O	organization Name		Date of	f R4	eceint				
-	Mailing Address 1610 N Prospect Ave				M M	/) / Y	Y	Y	Y
-					04	Ŀ	30	JL	20	020	
	City	State WI	Zip Code					2020043)9
-	Milwaukee	VVI	53202-6702	'	Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing rederal political committee.	C			Ľ.		-	-	_	65.0)0
	Name of Employer (for Individual) NML		upation (for Individual) General Counsel		M	emo	o Item				
Ī	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		520.00								
	Full Name of Individual (Last, First, Middle Initi Gerend, Timothy, J, ,	ial) or Full O	organization Name		Date of	f Re	eceint				
-	Mailing Address 5421 N Idlewild Ave				M M 04		15)20	Y
	City	State	Zip Code		Trans	sact	tion ID :	2020041	1519	414-6	01
-	Whitefish Bay	WI	53217-5331		Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing rederal political committee.	С					y	. ,		208.0)0
	Name of Employer (for Individual) NML		upation (for Individual) & Chief Distribution Offic		М	em	o Item				
	Receipt For:		Year-to-Date V								
	Primary General			- 1							
	Other (specify)		1664.00								
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PAGE 29 OF

	-	Use separate schedule(s)	(check only one)
I EIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	e Insurance	Company Federal PA	С
/			
Full Name of Individual (Last, First, Middle Gerend, Timothy, J, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5421 N Idlewild Ave			M M / D D / Y Y Y Y 04 30 2020
City Whitefish Bay	State WI	Zip Code 53217-5331	Transaction ID : 2020043019414-665 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.00
Name of Employer (for Individual) NML		upation (for Individual) & Chief Distribution Offic	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00	
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name	Data of Dessist
B. Goes, Thomas, J, , Mailing Address 1526 Harston Ave			Date of Receipt
City	State	Zip Code	Transaction ID : 2020041519215-53
Orlando FEC ID number of contributing federal political committee.	C FL	32814-6700	Amount of Each Receipt this Period
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle C. Goes, Thomas, J, ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1526 Harston Ave			04 30 2020
City Orlando	State FL	Zip Code 32814-6700	Transaction ID : 2020043019135-53 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional))		458.00
TOTAL This Period (last page this line num	per only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
The Northwestern Mutual Life	Insurance	Company Federal PA	٠
Full Name of Individual (Last, First, Middle Goris, Tom, , , JR	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4735 Wellington Dr			M M / D D / Y Y Y Y 04 15 2020
City Long Grove	State IL	Zip Code 60047-5223	Transaction ID : 2020041519215-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]
Full Name of Individual (Last, First, Middle B. Goris, Tom, , , JR	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4735 Wellington Dr			M M / D D / Y Y Y Y 04 30 2020
City Long Grove	State	Zip Code 60047-5223	Transaction ID : 2020043019135-13
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]
Full Name of Individual (Last, First, Middle C. Grabner, Todd, Matthew, ,	Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 3086 E Silver Hawk Dr			04 15 2020
City Holladay	State UT	Zip Code 84121-1572	Transaction ID : 2020041519215-68 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional).			541.00
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	y information copied from such Reports and Sta for commercial purposes, other than using the						of solicit							
$\left[\right]$	NAME OF COMMITTEE (In Full)													
	The Northwestern Mutual Life In	surance	Company Federal PAC)										
Α.	Full Name of Individual (Last, First, Middle Initi Grabner, Todd, Matthew, ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 3086 E Silver Hawk Dr			04 30 / Y Y Y Y 2020										
	City	State	Zip Code	Т	ransa	ction IE) : 20200	43019	9135-68	3				
	Holladay	UT	84121-1572	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		125.00										
	Name of Employer (for Individual)	Осси	upation (for Individual)		Mer	no Item	ı							
	Self-Employed		eral Insurance Agent											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify) v		1000.00											
в.	Full Name of Individual (Last, First, Middle Initi Grogan, John, M, ,	al) or Full O	rganization Name	Dat	e of	Receipt								
	Mailing Address 7860 N Club Cir		04		D / 15	Y Y 2	020	Y						
	City	State	Zip Code	Tr	Transaction ID : 2020041519414-422									
	Fox Point	WI	53217-2939	Am	ount	of Each	Receipt	this I	Period					
	FEC ID number of contributing federal political committee.	С				-9-			208.0	0				
	Name of Employer (for Individual) NML		upation (for Individual) & Chief Product & Innovati		Mer	no Item	1							
	Receipt For:	Aggregate	Year-to-Date ▼	-										
	Primary General Other (specify) ▼		1664.00											
_	Full Name of Individual (Last, First, Middle Initi													
C.	Grogan, John, M, ,					Receipt								
	Mailing Address 7860 N Club Cir				04		BO /		020	Y				
	City	State	Zip Code		ransa) : 20200		1.00	89				
	Fox Point	WI	53217-2939	Am	ount	of Each	Receipt	this I	Period					
	FEC ID number of contributing federal political committee.	С				y	,		208.0	0				
	Name of Employer (for Individual)	Occi	upation (for Individual)	- 0	Me	no Iterr	n							
	NML		& Chief Product & Innovati											
	Receipt For:	· · ·	Year-to-Date ▼	-										
	Primary General	7.99.09u.0												
	Other (specify)	L	1664.00											
s	UBTOTAL of Receipts This Page (optional)		•						541.0	0				
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Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	Insurance	Company Federal PA	.C										
Full Name of Individual (Last, First, Middle Gross, Stephen, , ,	Date of Receipt												
Mailing Address 6 Twin Springs Ln	04 / Y Y Y Y 2020												
City Saint Louis	State MO	Zip Code 63124-1139	Transaction ID : 2020041519215-31 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		208.00										
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00	1										
Full Name of Individual (Last, First, Middle Gross, Stephen , , , Mailing Address 6 Twin Springs Ln	Date of Receipt												
City Saint Louis	State MO	Zip Code 63124-1139	04 30 2020 Transaction ID : 2020043019135-31										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]										
Full Name of Individual (Last, First, Middle C. Guay, Thomas, C, ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address W73N377 Mulberry Ave	Mailing Address W73N377 Mulberry Ave												
City Cedarburg	State WI	Zip Code 53012-2648	Transaction ID : 2020041519414-412 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		90.00										
Name of Employer (for Individual) NML		upation (for Individual) Risk Selection Strat	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00]										
SUBTOTAL of Receipts This Page (optional)			506.00										
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11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15		2 16	17				
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to so	for the	pur ntrib	pose of	soliciting	g cont	ributio	ons				
	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life In	surance	Company Federal PAC	C											
Α.	Full Name of Individual (Last, First, Middle Init Guay, Thomas, C, ,	rganization Name	Date of Receipt												
	Mailing Address W73N377 Mulberry Ave				20 20										
	City Cedarburg	State WI	Zip Code 53012-2648				-	2020043 eceipt th		-	7				
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y 1	· ·		90.00)				
	Name of Employer (for Individual) NML		upation (for Individual) Risk Selection Strat		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00												
в.	Full Name of Individual (Last, First, Middle Init Guinan, Stephen, T, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 126 Waverly Cir	01-1-	7:- 0-1-	04 / D D / Y Y Y Y 2020											
	City Phoenixville	State PA	Zip Code 19460-2500) : 2020041519215-25 Receipt this Period						
	FEC ID number of contributing federal political committee.	С							-	125.00)				
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
с.	Full Name of Individual (Last, First, Middle Init Guinan, Stephen, T, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 126 Waverly Cir				04 30 2020										
	City Phoenixville	State PA	Zip Code 19460-2500					2020043 leceipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. y	1	125.00)				
	Name of Employer (for Individual) Self-Employed Receipt For:		upation (for Individual) eral Insurance Agent		М	emo	tem								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00												
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\sum	The Northwestern Mutual Life Ir	nsurance	Company Federal F	'AC																	
Α.	Full Name of Individual (Last, First, Middle Ini Hanson, Paul, L, ,		Date of Receipt																		
	Mailing Address 1310 S Hodges St	-									04 / 15 / 2020 Transaction ID : 2020041519215-27										
	City Spokane Valley	State WA	Zip Code 99016-5299	\vdash																	
	Spokane Valley		33010-3233		Amoun	t of	Eac	n Re	ceipt th	is Perio	d										
	FEC ID number of contributing federal political committee.	С			42.00																
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emo) Iter	m													
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	Primary General Other (specify) ▼		336.00]																
	Full Name of Individual (Last, First, Middle Ini Hanson, Paul, L, ,	tial) or Full C	Organization Name		Date of	f Re	eceip	ot													
	Mailing Address 1310 S Hodges St		04 30 2020																		
	City	State	Zip Code		Trans	acti	ion I	D : 2	020043	019135-	27										
	Spokane Valley	WA	99016-5299		Amount of Each Receipt this																
	FEC ID number of contributing federal political committee.		42.00																		
	Name of Employer (for Individual) Self-Employed		cupation (for Individual) neral Insurance Agent		M	emo	lter	m													
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	Primary General Other (specify) ▼		, 336.00																		
	Full Name of Individual (Last, First, Middle Ini Hellyer, B J, , ,	itial) or Full C	Organization Name		Date of	f Re	eceip	ot													
	Mailing Address 11839 58th St N		04	/	D	л 15	/ Y	2020	Y												
	City	State	Zip Code		Trans	sacti	ion I	ID : 2	020041	519215	-44										
	Lake Elmo	MN	55042-6106		Amoun	t of	Eac	h Re	ceipt th	is Perio	d										
	FEC ID number of contributing federal political committee.	С			42.00																
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		Memo Item																
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$\overline{)}$	NAME OF COMMITTEE (In Full)			_											
)	The Northwestern Mutual Life Ins	urance	Company Federal PA	С											
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	Mailing Address 11839 58th St N														
	City	State	Zip Code	Transaction ID : 2020043019135-44											
	Lake Elmo	MN	55042-6106	_	Amount	t of	Each R	Receipt th	is Per	riod					
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	Name of Employer (for Individual)	Occu	pation (for Individual)		M	emo	tem								
	Self-Employed	Gen	eral Insurance Agent												
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	Primary General Other (specify) ▼	- · · · ·	336.00	11											
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	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name												
B.	Hempstead, Gerard, M, ,						eceipt								
В.	Mailing Address 49 W Walling Dr														
	City Creve Coeur			-											
			03141-7371		Amoun	tot	Each H	leceipt th	iis Per	'10d	_				
	FEC ID number of contributing federal political committee.								25.00)					
	Name of Employer (for Individual) Self-Employed	,		M	emo	o Item									
	Receipt For:	Year-to-Date ▼													
	Other (specify) ▼		, 1000.00	1											
	Full Name of Individual (Last, First, Middle Initia Hempstead, Gerard, M, ,	l) or Full Or	rganization Name		Date of	Be									
<u>.</u>	Mailing Address 49 W Walling Dr				M M	/	D - C								
	City	State	Zin Codo	_	_		1.00		1						
C .	Creve Coeur	MO	63141-7371												
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	Name of Employer (for Individual)				IVI	emo	o item								
	Self-Employed Receipt For:	Date of Receipt State Zip Code MO 63141-7371 C Occupation (for Individual) General Insurance Agent Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Middle Initial) or Full Organization Name Date of Receipt State Zip Code MO 63141-7371 Date of Receipt Memo Item Occupation (for Individual) Date of Receipt Occupation (for Individual) General Insurance Agent Aggregate Year-to-Date ▼ Memo Item Occupation (for Individual) Memo Item Occupation (for Individual) Memo Item Memo Item Memo Item													
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Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full)		~																
/	The Northwestern Mutual Life Insu	rance	Com	pany Federal PAC	;														
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Heurung, Mark, J, ,						Date of Receipt												
	Mailing Address 3315 Graham Hill Rd		04 / 15 / 2020 Transaction ID : 2020041519215-24																
	,	State		Code		Trans	acti	ion	ID : 2	2020041	5192	215-24							
-	Orono	MN	5	5356-5501	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	0			208.00														
	Name of Employer (for Individual) Self-Employed		•	(for Individual) urance Agent	Memo Item														
	Pagaint For:		-Date V																
	Primary General																		
	Other (specify) v			1664.00															
	Full Name of Individual (Last, First, Middle Initial) of Heurung, Mark, J, ,	or Full O	Irganiza	tion Name	Date of Receipt														
	Mailing Address 3315 Graham Hill Rd	04 30 2020																	
	City	State	Zip	Zip Code			acti	ion	ID : 2	020043	0191	35-24							
	Orono	MN	5	Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	ů – Elektrik								208.00									
	Name of Employer (for Individual) Self-Employed	•	(for Individual) surance Agent		М	emo	o Ite	em											
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Year-to	-Date ▼ 1664.00															
	Full Name of Individual (Last, First, Middle Initial) of Holleran, Matthew, , ,	or Full O	Irganiza	tion Name		Date o	f Re	ecei	ipt										
	Mailing Address 47 Ketch Rd			м м 04		_	15	/ Y	202	20 [°]	Y								
	5	State	· · ·	Code		Trans	sacti	ion	1D : 2	2020041	5192	215-1							
	Morristown	NJ	0	7960-2660	A	Amoun	t of	Ea	ch Re	eceipt th	nis Pe	eriod							
	FEC ID number of contributing federal political committee.							y		y		125.0	0						
	Name of Employer (for Individual)	Occi	upation	(for Individual)		M	emo	o Ite	em										
	Self-Employed	General Insurar																	
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Use separate schedule(s) for each category of the Detailed Summary Page

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	for commercial purposes, other than using the nar														
<u> </u>	NAME OF COMMITTEE (In Full)														
	The Northwestern Mutual Life Insu	Irance	Сс	mpany Federal PAC	2										
	Full Name of Individual (Last, First, Middle Initial) Holleran, Matthew, , ,	or Full Or	rgar	nization Name	[Date	e of	Re	ece	eipt					
	Mailing Address 47 Ketch Rd				04 30 / Y Y Y Y 2020										
	5	State		Zip Code		Tra	ans	acti	ion	י ID : מ	202	00430	019135-	1	
	Morristown	NJ		07960-2660	#	٩mo	unt	of	Ea	ach Re	ecei	ipt thi	s Period	l	
	FEC ID number of contributing federal political committee.	C							-			-g-	125	.00	
	Name of Employer (for Individual) Self-Employed		•	ion (for Individual) Insurance Agent			Me	emo	b It	em					
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	Primary General Other (specify) ▼	ggrogato	100	1000.00											
	Full Name of Individual (Last, First, Middle Initial) Holter, Steve, H, ,	or Full Or	rgar	nization Name		Date	e of	Re	ece	eipt					
	Mailing Address 1626 Lake Shore Dr					М		/	_	15	/	Y	y y 2020	Y	
	City	State		Zip Code		Tra	ins	acti	ion	1D : 2	2020	00415	519215-3	34	
	Lake Geneva	WI	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C							-			-y	208		
	Name of Employer (for Individual) Self-Employed		•	ion (for Individual) I Insurance Agent			Me	emo	b It	em					
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	Full Name of Individual (Last, First, Middle Initial) Holter, Steve, H, ,	or Full Or	rgar	nization Name		Date	e of	Re	ece	eipt					
	Mailing Address 1626 Lake Shore Dr					M		/	_	30	/	Y	y y 2020	Y	
	,	State		Zip Code		Tra	ans	acti	ior	n ID : :	202	00430	019135-	34	
	Lake Geneva	WI		53147-9706	/	Amo	unt	of	Ea	ach Re	ecei	ipt thi	s Period	l	
	FEC ID number of contributing federal political committee.	C							,			,	208	.00	
	Name of Employer (for Individual) Self-Employed		•	ion (for Individual) Insurance Agent			Me	emo	o It	tem					
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary Page	X 11a 11b 11c 12										
			, ,	13 14 15 16 17										
				person for the purpose of soliciting contributions e to solicit contributions from such committee.										
\ \	NAME OF COMMITTEE (In Full)			_										
	The Northwestern Mutual Life I	nsurance	Company Federal PA	C										
A	Full Name of Individual (Last, First, Middle Ir Iodice, Scott, , ,	nitial) or Full O	rganization Name	Date of Receipt										
_	Mailing Address 1930 Old Court Rd			04 / D D / Y Y Y Y 04 15 2020										
	City	State	Zip Code	Transaction ID : 2020041519215-8										
-	Ruxton	MD	21204-1849	Amount of Each Receipt this Period										
	FEC ID number of contributing ederal political committee.	С		208.00										
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item										
Ē	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) V	55 55	1664.00	1										
F	Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name	-										
-	Iodice, Scott, , ,			Date of Receipt										
Ν	Mailing Address 1930 Old Court Rd			M M / D D / Y Y Y Y 04 30 2020										
(Dity	State	Zip Code	Transaction ID : 2020043019135-8										
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	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item										
F	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		1664.00]										
	Full Name of Individual (Last, First, Middle Ir Jahnke, Nicholas, E, ,	iitial) or Full O	rganization Name	Date of Receipt										
_	Mailing Address 23702 Champe Ford Rd			04 15 2020										
	Dity	State	Zip Code	Transaction ID : 2020041519414-766										
_	Middleburg	VA	20117-2940	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		38.00										
	Name of Employer (for Individual) NML		upation (for Individual) ional Director	Memo Item										
Ē	Receipt For:	Aggregate	Year-to-Date V											
	Primary General			1										
	Other (specify)		304.00											
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SCHEDULE A	(FEC	Form	3X)
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	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	urance	Company Federal PAC	;
Α.	Full Name of Individual (Last, First, Middle Initia Jahnke, Nicholas, E, ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 23702 Champe Ford Rd			04 / D D / Y Y Y Y 2020
	City Middleburg	State VA	Zip Code 20117-2940	Transaction ID : 2020043019414-376 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.00
	Name of Employer (for Individual) NML		cupation (for Individual) gional Director	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.00	
В.	Full Name of Individual (Last, First, Middle Initia Joelson, Ronald, P, ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 777 N Van Buren St			04 15 2020
	City Milwaukee	State WI	Zip Code 53202-3859	Transaction ID : 2020041519414-744 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) NML		cupation (for Individual) o & Cio	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1600.00	
с.	Full Name of Individual (Last, First, Middle Initia Joelson, Ronald, P, ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 777 N Van Buren St			04 / D D / Y Y Y Y 04 30 2020
	City Milwaukee	State WI	Zip Code 53202-3859	Transaction ID : 2020043019414-383 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) NML Receipt For:	Evp	upation (for Individual) • & Cio	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1600.00	
F	UBTOTAL of Receipts This Page (optional)		r	438.00
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	y information copied from such Reports and Si for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life In	isurance	Company Federal PAC)								
<u>к</u>	Full Name of Individual (Last, First, Middle Init Jones, Todd, M, ,	ial) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address W252N4956 Aberdeen Dr				M M / D D / Y Y Y Y 04 15 2020							
	City Pewaukee	State WI	Zip Code 53072-1351				202004 1 Receipt th					
	FEC ID number of contributing federal political committee.	С				-	-	10	07.00			
	Name of Employer (for Individual) NML		upation (for Individual) President And Controller		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 856.00									
в.	Full Name of Individual (Last, First, Middle Init Jones, Todd, M, , Mailing Address W252N4956 Aberdeen Dr	ial) or Full O	rganization Name	Date	M	eceipt		2020	Y Y	1		
	City Pewaukee	State WI	Zip Code 53072-1351	Tra	nsac	tion ID :	2020043 Receipt th	3019414		-		
	FEC ID number of contributing federal political committee.	С				7			07.00			
	Name of Employer (for Individual) NML		upation (for Individual) e President And Controller		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 856.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Kaveney, Kevin, Francis, ,	ial) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 14 Northgate Rd	1-		04 04	4	/ D 15		2020]		
	City Colorado Spgs	State CO	Zip Code 80906-4332				202004 Receipt th					
	FEC ID number of contributing federal political committee.	С				7	9	4	2.00			
	Name of Employer (for Individual) Self-Employed Receipt For:		upation (for Individual) eral Insurance Agent		Mem	o Item						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00									
F	UBTOTAL of Receipts This Page (optional)				-	, .		25	6.00			

Use separate schedule(s)

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PA	С									
A.	Full Name of Individual (Last, First, Middle Initia Kaveney, Kevin, Francis, ,	ll) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 14 Northgate Rd				04 30 2020								
	City Colorado Spgs	State CO	Zip Code 80906-4332					: 202004: Receipt tl					
	FEC ID number of contributing federal political committee.	С							42	2.00			
	Name of Employer (for Individual) Self-Employed Receipt For:	Gen	ipation (for Individual) eral Insurance Agent		M	emo	ttem						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	1									
в.	Full Name of Individual (Last, First, Middle Initia Kelley, Shawn, F, , Mailing Address 7812 Remington Rd	ll) or Full Or	rganization Name		Date of	Re	D 1		YYY	Y			
	City	State OH	Zip Code	_			-	2020041					
	Montgomery FEC ID number of contributing federal political committee.	C	45242-7130		Amount	: of	Each F	Receipt tl		d 5.00			
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		M	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]									
С.	Full Name of Individual (Last, First, Middle Initia Kelley, Shawn, F, ,	ll) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 7812 Remington Rd				04	1	D 30		2020	Y			
	City Montgomery	State OH	Zip Code 45242-7130				-	: 202004: Receipt tl					
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	125	5.00			
	Name of Employer (for Individual) Self-Employed		pation (for Individual) eral Insurance Agent		M	emc	tem Item						
Receipt For: Aggregate Primary General Other (specify)			Year-to-Date ▼ 1000.00]									
	UBTOTAL of Receipts This Page (optional)		•	<u> </u>			9 I	· ·	292	2.00			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 OF 88 (check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	\checkmark 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) The Northwestern Mutual Lif	-									
Full Name of Individual (Last, First, Middl A. Kemelgor, Troy, B, ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7495 Bridlespur Ln	Ototo	Zin Oode	04 / D D / Y Y Y Y 2020							
City Delaware	State OH	Zip Code 43015-8613	Transaction ID : 2020041519215-46 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]							
Full Name of Individual (Last, First, Middl B. Kemelgor, Troy, B, ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7495 Bridlespur Ln			04 30 2020							
City Delaware	State OH	Zip Code 43015-8613	Transaction ID : 2020043019135-46 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00]							
Full Name of Individual (Last, First, Middl C. Kiecker, David, Daniel, ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 11696 Approach Blvd			04 15 2020							
City Fishers	State IN	Zip Code 46037-4146	Transaction ID : 2020041519215-59 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		208.00							
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00]							
SUBTOTAL of Receipts This Page (optiona	l)		292.00							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page		K 11a 13		11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribut	ions			
\setminus	NAME OF COMMITTEE (In Full)			~									
	The Northwestern Mutual Life Ins	surance	Company Federal PAC	Ĵ									
Α.	Full Name of Individual (Last, First, Middle Initia Kiecker, David, Daniel, ,	al) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 11696 Approach Blvd				04 30 2020								
	City	State	Zip Code		Trans	acti	ion ID :	2020043	019135-5	9			
	Fishers	IN	46037-4146	_	Amount	of	Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-	-	208.0	00			
	Name of Employer (for Individual) Self-Employed		ipation (for Individual) eral Insurance Agent		Me	əmo	tem						
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_									
	Other (specify) ▼		1664.00										
R	Full Name of Individual (Last, First, Middle Initia Klawonn, Jason, T, ,	al) or Full Or	rganization Name		Date of	Re	ceint						
	Mailing Address 1242 40th Ave				04	/	15	/ Y	2020	Y			
	City	State	Zip Code				-		519414-6	65			
	Kenosha	WI	53144-2900	_	Amount	of	Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			Ľ	_	-		85.0	00			
	Name of Employer (for Individual) NML		upation (for Individual) & Chief Actuary		Me	этo	tem						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		680.00										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Klawonn, Jason, T, ,	al) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 1242 40th Ave				^M 04	/	D D D 30	/ Y	2020	Y			
	City Kenosha	State WI	Zip Code 53144-2900						019414-3 is Period	98			
	FEC ID number of contributing federal political committee.	С					,		85.0	00			
	Name of Employer (for Individual) NML		ipation (for Individual) & Chief Actuary		Me	этс	b Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		680.00										
s	UBTOTAL of Receipts This Page (optional)		•	•			, ,	,	378.0	00			
т	OTAL This Period (last page this line number or	וy)	••••••	-			-						

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

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PAGE 44 OF

	EMIZED RECEIPTS		Detailed Summary Page	×	-		11		11c	12		٦.
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	A not be sold or used by any p address of any political committe	erson f e to so	13 or the licit cor	purp ntrib	14 pos outic	e of s	15 soliciting om suc	g contrit ch comm	outions nittee.	17 s
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Inst											
A.	Full Name of Individual (Last, First, Middle Initial) Kolawole, Abimbola, O, , Mailing Address 4801 N Woodburn St) or Full O	Organization Name		Date of	[:] Re	_	D D	/ Y	Y Y	Y	
	City Whitefish Bay	State WI	Zip Code 53217-6064							2020 1519414		
	FEC ID number of contributing federal political committee.	C		/	Amount	: of	Ea	ch Re	eceipt th	his Peric 4	od 3.00	
	Name of Employer (for Individual) NML Receipt For: Primary General Other (specify) ▼	Vp [upation (for Individual) Digital Innovation Year-to-Date ▼ 344.00]	M	emo	o Ite	em				
B.	Full Name of Individual (Last, First, Middle Initial) Kolawole, Abimbola, O, , Mailing Address 4801 N Woodburn St) or Full O	Organization Name		Date of	Re		D D	/ Y	YYY	Ý	
	City Whitefish Bay FEC ID number of contributing federal political committee.	State WI	Zip Code 53217-6064				-			2020 3019414 his Peric 4		
	Name of Employer (for Individual) NML		cupation (for Individual) Digital Innovation		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 344.00]								
C.	Full Name of Individual (Last, First, Middle Initial) Kosnick, Joshua, Steven, ,) or Full O	Organization Name		Date of	Re	ecei	pt				
	Mailing Address 5051 Augusta Dr				04	/	L	15	L	2020	_	
	City Middleton	State WI	Zip Code 53597-8813							1519215 his Peric		
	FEC ID number of contributing federal political committee.	С					,		y	12	5.00	
	Name of Employer (for Individual) Self-Employed Receipt For:	Gen	upation (for Individual) neral Insurance Agent		M	emo	o Ite	əm				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]								
s	UBTOTAL of Receipts This Page (optional)						,		,	21	1.00	
Т	OTAL This Period (last page this line number onl	y)					-		1.40			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	e Insurance	Company Federal PA	0
Full Name of Individual (Last, First, Middle Kosnick, Joshua, Steven, , Mailing Address 5051 Augusta Dr City Middleton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) ▼	State WI C Occo Ger	Zip Code 53597-8813 upation (for Individual) heral Insurance Agent Year-to-Date ▼ 1000.00	Date of Receipt 04 30 2020 Transaction ID : 2020043019135-71 Amount of Each Receipt this Period 125.00 Memo Item
Full Name of Individual (Last, First, Middle Kracht, Carol, L, , Mailing Address 1610 N Prospect Ave City Milwaukee FEC ID number of contributing federal political committee. Name of Employer (for Individual) NML Receipt For: Primary General Other (specify) ▼	State WI C Occ Vp	Zip Code 53202-6702 upation (for Individual) Dep Gc/Sec & Board Rel Year-to-Date ▼ 368.00	Date of Receipt
Full Name of Individual (Last, First, Middle Kracht, Carol, L, , Mailing Address 1610 N Prospect Ave City Milwaukee FEC ID number of contributing federal political committee. Name of Employer (for Individual) NML Receipt For: Primary General Other (specify)	State WI C Occu Vp I	Image: Sign of the system Zip Code 53202-6702 upation (for Individual) Dep Gc/Sec & Board Rel Year-to-Date ▼ 368.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			217.00
TOTAL This Period (last page this line numl	ber only)	••••••	·

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)							
			for each category of the Detailed Summary Page		4 11a		11b	11c	12	1 7		
			y not be sold or used by any political committee									
> The Northwe	estern Mutual Life In	surance (Company Federal PA	С								
Full Name of Indiv A. Kramer, Ryan,	vidual (Last, First, Middle Initia	al) or Full Or	ganization Name		Date of	Re	ceipt					
Mailing Address (665 S Euclid Ave				м м 04	/	D D 15	/ Y	y y 2020	Y		
City		State IL	Zip Code						519215-5	2		
Elmhurst			60126-4337		Amount	of	Each Re	eceipt thi	is Period			
FEC ID number o federal political co	0	С			<u> </u>		7		208.0)0		
Name of Employe	er (for Individual)	Occu	pation (for Individual)		Me	emo	Item					
Self-Employed		Gene	eral Insurance Agent									
Receipt For:	Ganaral	Aggregate	lear-to-Date ▼									
Other (spec	General General		1664.00	11								
			92									
	vidual (Last, First, Middle Initia	al) or Full Or	ganization Name									
B. Kramer, Ryar					Date of	Re	·	_				
Mailing Address e	665 S Euclid Ave	Otata	Zin Oode		м м 04	/	30	/ Y	2020	Ŷ		
City Elmhurst		State	Zip Code 60126-4337				-		019135-5 is Period	2		
FEC ID number o	of contributing				Amount			eceipt tri	is renou	_		
federal political co	0	С			Ļ.	- 4	7	JP	208.0)0		
Name of Employe Self-Employed	ər (for Individual)		pation (for Individual) eral Insurance Agent		Me	emo	Item					
Receipt For:		Aggregate	lear-to-Date ▼									
Other (spec	ify) ▼		1664.00]								
Full Name of India C. Lawhon, M,	vidual (Last, First, Middle Initia Kevin	al) or Full Or	ganization Name		Date of	Re	ceipt					
	2430 Vanderbilt Beach Rd				M M	/	D D	/ Y	YY	Y		
	Ste 108				04	Ι.,	15		2020			
City Naples		State FL	Zip Code 34109-2654						519215-3 is Period	9		
FEC ID number of federal political co	0	С			<u> </u>		y	. ,	208.0	00		
Name of Employe Self-Employed	er (for Individual)		pation (for Individual) ral Insurance Agent		Me	emo	Item					
Receipt For:		Aggregate	lear-to-Date ▼									
Other (spec	ify) General		1664.00]								
SUBTOTAL of Poor	eipts This Page (optional)				-				624.0)0		
SUBTUTAL OF RECE	eipis mis raye (upliunai)		••••••	-			,					
TOTAL This Period	(last page this line number o	nly)		•			-					

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PAGE 47 OF

TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	Insurance	Company Federal PA	C
Full Name of Individual (Last, First, Middle Lawhon, M, Kevin, ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2430 Vanderbilt Beach Rd Ste 108			04 30 / Y Y Y Y Y
City Naples	State FL	Zip Code 34109-2654	Transaction ID : 2020043019135-39 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]
Full Name of Individual (Last, First, Middle B. Lueder, Matthew, James, ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2359 N Wahl Ave			04 15 2020
City Milwaukee	State WI	Zip Code 53211-4513	Transaction ID : 2020041519215-57 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle C. Lueder, Matthew, James, ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2359 N Wahl Ave			04 30 2020
City Milwaukee	State WI	Zip Code 53211-4513	Transaction ID : 2020043019135-57 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) Self-Employed Receipt For:	Gen	upation (for Individual) eral Insurance Agent	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional).			458.00
TOTAL This Period (last page this line numb	er only)		

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

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Northwestern Mutua	I Life Insurance	Company Federal PA	C
Full Name of Individual (Last, First, Lueken, Jeffrey, J, , Mailing Address 1213 E Goodrich Ln City		Zip Code	Date of Receipt
Fox Point	WI	53217-2946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		168.00
Name of Employer (for Individual) NML		upation (for Individual) Securities	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1344.00]
Full Name of Individual (Last, First, Lueken, Jeffrey, J, ,	Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1213 E Goodrich Ln			04 / D D / Y Y Y Y 2020
City Fox Point	State WI	Zip Code 53217-2946	Transaction ID : 2020043019414-495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		168.00
Name of Employer (for Individual) NML		upation (for Individual) Securities	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1344.00]
Full Name of Individual (Last, First, Lyons, Stephanie, A, ,	Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 809 E Sylvan Ave			04 / D D / Y Y Y Y 2020
City Whitefish Bay	State WI	Zip Code 53217-5353	Transaction ID : 2020041519414-546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) NML		upation (for Individual) Chief Audit Executive	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 664.00	1
SUBTOTAL of Receipts This Page (op	tional)		419.00
TOTAL This Period (last page this line	e number only)		

Use separate schedule(s)

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ידו			Use separate schedule(s)	(che	eck only					
111			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		ose of	soliciting	g contrib	utions
\rangle	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PA	С						
 A.	Full Name of Individual (Last, First, Middle Initia Lyons, Stephanie, A, ,	ll) or Full Or	rganization Name	1	Date of	Re	ceipt			
	Mailing Address 809 E Sylvan Ave				м м 04	/	D D D 30	/ Y	y y 2020	Y
	City Whitefish Bay	State WI	Zip Code 53217-5353					2020043 eceipt th		
	FEC ID number of contributing federal political committee.	С					y		83	8.00
	Name of Employer (for Individual) NML		upation (for Individual) Chief Audit Executive		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00]						
в.	Full Name of Individual (Last, First, Middle Initia Mahaffey, Cory, A, ,	ll) or Full Or	rganization Name		Date of	Re	· .			
	Mailing Address 13764 Knaus Rd	State	Zip Code		04) /	15	2020041	2020	_
	Lake Oswego	OR	97034-2175				-	eceipt th		-
	FEC ID number of contributing federal political committee.	С					,		125	5.00
	Name of Employer (for Individual) Self-Employed		upation (for Individual) Teral Insurance Agent		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
С.	Full Name of Individual (Last, First, Middle Initia Mahaffey, Cory, A, ,	ll) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 13764 Knaus Rd				^M 04	1	D D D 30	/ Y	y y 2020	Y
	City Lake Oswego	State OR	Zip Code 97034-2175					2020043 eceipt th		
	FEC ID number of contributing federal political committee.	С				_	, .	. <u>,</u>	125	5.00
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]						
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	333	.00
т	OTAL This Period (last page this line number or	וy)					,			

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

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PAGE 50 OF

	EMIZED RECEIPTS		Detailed Summary Page	×	-		-	1b	_	11c	12	
An	y information copied from such Reports and Statem	ents ma	ay not be sold or used by any per	son f	13 or the	purp	14 po:	se of	sol	15 liciting	16 contribu	17 utions
or	for commercial purposes, other than using the name	e and a	address of any political committee t	to so	licit co	ntrib	outi	ions f	rom	n such	commit	tee.
	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Insur	ance	Company Federal PAC									
A.	Full Name of Individual (Last, First, Middle Initial) o Manista, Raymond, J, ,	r Full O	Drganization Name	[Date of	f Re	ece	eipt				
	Mailing Address 7236 N Crossway Rd				м м 04	/	I	D D 15		/ Y	y y 2020	Y
		itate VI	Zip Code		Trans	acti	ior	ו ID :	202	200415	519414-(648
	Fox Point V	VI	53217-3519	_ /	Amoun	t of	Ea	ach R	lece	eipt thi	s Period	ł
	FEC ID number of contributing federal political committee.	;					,			- J	208	.00
	Name of Employer (for Individual) NML		cupation (for Individual) b, Chf Lgl, Cp Of & Sec		M	emo	o It	em				
	Receipt For: Aad	areaate	Year-to-Date V									
	Primary General Other (specify) ▼		1664.00									
	Full Name of Individual (Last, First, Middle Initial) o Manista, Raymond, J, ,	r Full O	Drganization Name		Date of	f Re	ece	eipt				
	Mailing Address 7236 N Crossway Rd				м м 04	/	ſ	D D D 30		/ Y	y y 2020	Y
	5	itate NI	Zip Code 53217-3519						-		0 19414-7 s Perioc	
	FEC ID number of contributing federal political committee.	;					,			-9	208	.00
	Name of Employer (for Individual) NML		cupation (for Individual) p, Chf Lgl, Cp Of & Sec		М	emo	o It	em				
	Receipt For: Agg Primary General Other (specify) ▼	gregate	Year-to-Date ▼ 1664.00									
с.	Full Name of Individual (Last, First, Middle Initial) o Mannebach, Steven, C, ,	r Full O	Drganization Name		Date of	f Re	ece	eipt				
	Mailing Address 111 Terry Ave N				м м 04	/	ſ	D D 15		/ Y	y y 2020	Y
	5	itate WA	Zip Code 98109-5292						-		519414- s Perioc	
	FEC ID number of contributing federal political committee.	;					,			y	151	.00
	Name of Employer (for Individual) NML		cupation (for Individual) naging Partner		M	emo	o It	tem				
	Receipt For: Agg Primary General Other (specify)	gregate	Year-to-Date ▼ 1208.00									
s	UBTOTAL of Receipts This Page (optional)								Ì		567	.00
т	DTAL This Period (last page this line number only).						T			-		

Use separate schedule(s)

FOR LINE NUMBER:

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ITI	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)
			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PAC	2
Α.	Full Name of Individual (Last, First, Middle Initia Mannebach, Steven, C, ,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 111 Terry Ave N	_		04 / D D / Y Y Y Y 04 30 2020
	City Seattle	State WA	Zip Code 98109-5292	Transaction ID : 2020043019414-567 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		151.00
	Name of Employer (for Individual) NML		upation (for Individual) naging Partner	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1208.00	
В.	Full Name of Individual (Last, First, Middle Initia McClure, Brian, W, , Mailing Address 1402 Wyndemere Point Dr			Date of Receipt
	City Champaign	State IL	Zip Code 61822-3349	Transaction ID : 2020041519215-54 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	
С.	Full Name of Individual (Last, First, Middle Initia McClure, Brian, W, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 1402 Wyndemere Point Dr	- I		04 / D D / Y Y Y Y 02020
	City Champaign	State IL	Zip Code 61822-3349	Transaction ID : 2020043019135-54 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00	
	UBTOTAL of Receipts This Page (optional)		F	235.00

SCHEDULE A (FEC Form 3	Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 OF 88 (check only one)										
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than usin	and Statements may not be sold or used by any period the name and address of any political committee											
NAME OF COMMITTEE (In Full) The Northwestern Mutual Li	fe Insurance Company Federal PAC	;										
Full Name of Individual (Last, First, Midd McQuade, Corey, D, ,	lle Initial) or Full Organization Name	Date of Receipt										
Mailing Address 190 S Berkley Ave	State Zip Code	04 15 2020 Transaction ID : 2020041519215-60										
Elmhurst	IL 60126-3228	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	208.00										
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00											
Full Name of Individual (Last, First, Midd B. McQuade, Corey, D, ,	lle Initial) or Full Organization Name	Date of Receipt										
Mailing Address 190 S Berkley Ave		M M / D D / Y Y Y Y 04 30 2020										
City	State Zip Code	Transaction ID : 2020043019135-60										
Elmhurst	IL 60126-3228	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	208.00										
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item										
Receipt For:	Aggregate Year-to-Date ▼	-										
Primary General Other (specify) ▼	1664.00											
Full Name of Individual (Last, First, Midd C. Meeks, Jim, Edward, , JR	lle Initial) or Full Organization Name	Date of Receipt										
Mailing Address 264 Cloister Green Ln		M M / D D / Y Y Y Y 04 15 2020										
City Memphis	StateZip CodeTN38120-2357	Transaction ID : 2020041519215-7 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	125.00										
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00											
SUBTOTAL of Receipts This Page (option	al) ►	541.00										
TOTAL This Period (last page this line nur	mber only)											

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life In								Such			
A.	Full Name of Individual (Last, First, Middle Ini Meeks, Jim, Edward, , JR	tial) or Full C	Organization Name		Date	of F	Receipt	:				
	Mailing Address 264 Cloister Green Ln				[™] 04			D / 30	Y	y y 2020		Ϋ́
	City Memphis	State TN	Zip Code 38120-2357							019135		
	FEC ID number of contributing federal political committee.	С			Amou	nt o	or Each	Recei	ot th	iis Perio 12	5.00)
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent			Merr	no Item	n				
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в.	, , , , ,	tial) or Full C	Organization Name				Receipt					
	Mailing Address 5347 N Hollywood Ave				[™] 04			15	Y	2020		
	City Whitefish Bay	State WI	Zip Code 53217-5324							519414 iis Perio		0
	FEC ID number of contributing federal political committee.	С			Amou			i necei	5 11		0.00)
	Name of Employer (for Individual) NML		upation (for Individual) Distribution Performance			Merr	no Item	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]								
С.	Full Name of Individual (Last, First, Middle Ini Mees, Arthur, J, , JR	tial) or Full C	Organization Name		Date	of F	Receipt					
	Mailing Address 5347 N Hollywood Ave				[™] 04			30 [/]	Y	2020		ŕ
	City Whitefish Bay	State WI	Zip Code 53217-5324							019414 iis Perio		9
	FEC ID number of contributing federal political committee.	С					J		,		0.00)
	Name of Employer (for Individual) NML Receipt For:		upation (for Individual) Distribution Performance			Men	no Item	n				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	1								
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Use separate schedule(s) for each category of the Detailed Summary Page

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\ \	ME OF COMMITTEE (In Full)			~							
/ Ir	he Northwestern Mutual Life Ins	surance	Company Federal PAG	C							
A . Mi	Name of Individual (Last, First, Middle Initia Iler, Aaron, , ,	al) or Full O	rganization Name		Date o	f Re	ecei	pt			
Mai	ling Address 82 Worcester St				M M	/		D	/ Y	Y Y	
0:+	Apt 1	Chata	Zin Code		04	١.,	. L.,	15		2020	
City Bo:	ston	State MA	Zip Code 02118-3903				-		020041		
FEC	C ID number of contributing eral political committee.	С			Amoun		Ead	in Re	ceipt th		5.00
	ne of Employer (for Individual)		upation (for Individual)		М	emc	o Ite	m	,		
	f-Employed ceipt For:		eral Insurance Agent	_							
	Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		1000.00								
	Name of Individual (Last, First, Middle Initia iller, Aaron, , ,	al) or Full O	rganization Name		Date o	f Re	ecei	pt			
Mai	ling Address 82 Worcester St Apt 1				04	/		30	/ Y	2020	Y
City	,	State	Zip Code		Trans	acti	ion	ID : 2	020043	019135	-69
Bos	ston	MA	02118-3903		Amoun	t of	Ead	ch Re	ceipt th	is Perio	bd
	C ID number of contributing eral political committee.	С					-			12	5.00
	ne of Employer (for Individual) -Employed		upation (for Individual) neral Insurance Agent		М	emc	o Ite	m			
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1000.00]							
	Name of Individual (Last, First, Middle Initia iller, Kevin, E, ,	al) or Full O	rganization Name		Date o	f Re	eceii				
	ling Address 214 Schenley Rd				м м 04			15	/ Y	y 2020	Y
City		State	Zip Code		Trans	sact	ion	ID : 2	020041	519215	5-23
Pit	tsburgh	PA	15217-1171		Amoun	t of	Ead	ch Re	ceipt th	is Perio	bd
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	ne of Employer (for Individual) f-Employed		upation (for Individual) eral Insurance Agent		М	emo	o Ite	∍m			
Rec	ceipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify)		1664.00								
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for	the p	urpose	of soliciting	g contribu	itions	
$\left/ \right.$	NAME OF COMMITTEE (In Full)			<u> </u>						
	The Northwestern Mutual Life Ins	surance	Company Federal PA	C						
Α.	Full Name of Individual (Last, First, Middle Initia Miller, Kevin, E, ,	l) or Full Or	rganization Name	Da	te of	Receipt				
	Mailing Address 214 Schenley Rd			M	04 [™]	/ D 3	D / Y	y y 2020	Y	
	City Pittsburgh	State PA	Zip Code 15217-1171				: 2020043 Receipt th			
	FEC ID number of contributing federal political committee.	С				- -		208.	.00	
	Name of Employer (for Individual) Self-Employed		ipation (for Individual) eral Insurance Agent		Mei	no Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00							
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name	Da	te of	Receipt				
	Mailing Address 640 E Carlisle Ave	Chata	Zin Oode	M	04	/ D	D / Y 5	2020	Ŷ	
	City Whitefish Bay	State WI	Zip Code 53217-4832				: 2020041 Receipt th			
	FEC ID number of contributing federal political committee.	С				-		55.	_	
	Name of Employer (for Individual) NML		upation (for Individual) Chief Customerofficer		Mer	no Item				
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		, 440.00	1						
С.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name	Da	te of	Receipt				
	Mailing Address 640 E Carlisle Ave	1		M	04 ^M	/ 03	BO / Y	2020 [°]	Ŷ	
	City Whitefish Bay	State WI	Zip Code 53217-4832				e : 2020043 Receipt th			
	FEC ID number of contributing federal political committee.	С			_	y		55.	.00	
	Name of Employer (for Individual)		ipation (for Individual) Chief Customerofficer		Me	mo Item	l			
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	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g contri	butio	ns		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	urance	Company Federal PA	С									
A.	Full Name of Individual (Last, First, Middle Initia Molloy, Karen, A, ,	l) or Full Or	rganization Name		Date of	f Re	eceipt						
	Mailing Address 2004 N 85th St				04	/	15) / Y	2020		1		
	City Wauwatosa	State WI	Zip Code 53226-2846					2020041 Receipt th			ŀ		
	FEC ID number of contributing federal political committee.	С						- 41-	2	41.00			
	Name of Employer (for Individual) NML		ipation (for Individual) reasurer		M	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.00										
в.	Full Name of Individual (Last, First, Middle Initia Molloy, Karen, A, ,	l) or Full Or	rganization Name		Date of	F Re	eceipt						
	Mailing Address 2004 N 85th St				^M 04	/	30) / Y	2020		1		
	City Wauwatosa	State WI	Zip Code 53226-2846					2020043 Receipt th			,		
	FEC ID number of contributing federal political committee.	С					-			41.00			
	Name of Employer (for Individual) NML		upation (for Individual) Freasurer		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 328.00										
с.	Full Name of Individual (Last, First, Middle Initia Mulroy, Timothy, Michael, ,	l) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 20 Indian Pipe				04	1	15		2020		1		
	City Dove Canyon	State CA	Zip Code 92679-4206					2020041 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>y</u>	, j	12	25.00			
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00										
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			Detailed Summary Page		X 11a		11	lb 🗌	11c		12					
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	r information copied from such Reports and St or commercial purposes, other than using the															
\	NAME OF COMMITTEE (In Full)															
	The Northwestern Mutual Life In	surance	Company Federal P	AC												
A	Full Name of Individual (Last, First, Middle Init Mulroy, Timothy, Michael, ,	ial) or Full O	Organization Name		Date of Receipt											
_	Mailing Address 20 Indian Pipe				04 / D D / Y Y Y Y 2020											
	City	State CA	Zip Code						2020043			,				
_	Dove Canyon		92679-4206		Amour	t of	Ea	ach Re	eceipt th	nis Pe	eriod					
	FEC ID number of contributing ederal political committee.	С					-				125.0	0				
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		N	lemc	o Ite	em								
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	Primary General Other (specify) ▼		1000.00													
		ial) or Full O	Organization Name		Date c	of Re	ecei	ipt								
_	Mailing Address 1140 Lone Tree Rd				04		_	D D D 15	/ Y	202	20	Y				
ō	Dity	State	Zip Code		Trans	sacti	ion	י <u>קו</u>	2020041	5194	14-73	9				
E	Elm Grove	WI	53122-2019						eceipt th			-				
	FEC ID number of contributing ederal political committee.	С			<u> </u>		-		-7		33.0	0				
	Name of Employer (for Individual) NML		upation (for Individual) Distribution Finance		N	lemc	o Ite	em								
F	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify) ▼		, 264.00													
	Full Name of Individual (Last, First, Middle Init Newman, Jeremy, D, ,	ial) or Full O	Organization Name		Date c	of Re	ecei	ipt								
_	Mailing Address 1140 Lone Tree Rd				04	/		30	/ Y	202	20	Y				
	Dity	State	Zip Code		Tran	sact	tion	ו ID : ג	2020043	30194	14-41	0				
_	Elm Grove	WI	53122-2019		Amour	t of	Ea	ach Re	eceipt th	nis Pe	eriod					
	EC ID number of contributing ederal political committee.	С					, y		y		33.0	0				
	Name of Employer (for Individual) NML		upation (for Individual) Distribution Finance		N	lemo	o It	em								
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	Primary General Other (specify)		264.00													
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life		Company Federal PA	C
		Company rodorari /	
Full Name of Individual (Last, First, Middle A. O Connell, Kevin, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4807 W Woodmere Rd			04 15 2020
City	State	Zip Code	Transaction ID : 2020041519215-66
Tampa	FL	33609-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Self-Employed		eral Insurance Agent	-
Receipt For:		Year-to-Date ▼	—
Primary General			
Other (specify) V		1664.00	
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name	
B. O Connell, Kevin, , ,			Date of Receipt
Mailing Address 4807 W Woodmere Rd			04 / D D / Y Y Y Y 2020 2020
City	State FL	Zip Code	Transaction ID : 2020043019135-66
Tampa		33609-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1664.00]
Full Name of Individual (Last, First, Middle C. Pizzuti, Dante, P, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 74 Fairway Rdg			04 15 2020
City	State	Zip Code	Transaction ID : 2020041519215-38
Avon	СТ	06001-2263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item
Receipt For:	I	Year-to-Date ▼	—
Primary General	1.99.094.0		
Other (specify)		336.00	
SUBTOTAL of Receipts This Page (optional)		458.00
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\	ME OF COMMITTEE (In Full)			_							
	e Northwestern Mutual Life	nsurance	Company Federal PA	C							
Pi	Name of Individual (Last, First, Middle In zzuti, Dante, P, ,	itial) or Full O	rganization Name	(Date of	Re	ceip	ot			
	ling Address 74 Fairway Rdg				^M 04	/	D	30	/ Y	y y 2020	Y
City		State CT	Zip Code		Trans	acti	ion	ID : 2	020043	019135-3	38
Av	on		06001-2263	/	Amount	of	Eac	ch Ree	ceipt th	nis Period	I
	C ID number of contributing eral political committee.	С					,		-	42.	00
	ne of Employer (for Individual) -Employed		upation (for Individual) neral Insurance Agent		M	emo	lte	m			
Rec	ceipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		336.00								
	Name of Individual (Last, First, Middle In ocher, Matthew, J, ,	itial) or Full O	rganization Name		Date of	Re	ceip	ot			
	ling Address 4324 Chevy Chase Dr				м м 04	1	D		/ Y	2020	Y
City	,	State	Zip Code		Trans	acti	on	ID : 20)20041	519215-3	3
La	Canada	CA	91011-3203	A			-			nis Period	
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	ne of Employer (for Individual) -Employed		upation (for Individual) neral Insurance Agent		M	emo) Ite	m			
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	ling Address 4324 Chevy Chase Dr				^M 04	/	D	30	/ Y	ү ү 2020	Ŷ
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	Primary General		1001.00	11.							
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		ose of	soliciting	contrib	utions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PA	С									
Α.	Full Name of Individual (Last, First, Middle Initia Porter, Rebecca, L, ,	al) or Full Oi	rganization Name	[Date of Receipt								
	Mailing Address 4800 Stratford Dr				M M / D D / Y Y Y Y 04 15 2020								
	City Greendale	State WI	Zip Code 53129-2017					2020041 eceipt th					
	FEC ID number of contributing federal political committee.	С					y	- 41-	48	3.00			
	Name of Employer (for Individual) NML		upation (for Individual) Cd Transformation Lead		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.00										
в.	Full Name of Individual (Last, First, Middle Initia Porter, Rebecca, L, ,	al) or Full Oi	rganization Name	[Date of	Ree	ceipt						
	Mailing Address 4800 Stratford Dr				^M 04	/	D D D 30	/ Y	y y 2020	Y			
	City Greendale	State WI	Zip Code 53129-2017					2020043 eceipt th					
	FEC ID number of contributing federal political committee.	С			Amount					u 3.00			
	Name of Employer (for Individual) NML		upation (for Individual) Cd Transformation Lead		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.00										
С.	Full Name of Individual (Last, First, Middle Initia Pruett, Charles, R, ,	al) or Full O	rganization Name		Date of	Ree	ceipt						
	Mailing Address 8530 Saundersville Rd				04 ^M	/	D D D 15	/ Y	2020	Y			
	City Mount Juliet	State TN	Zip Code 37122-5094					2020041 eceipt th					
	FEC ID number of contributing federal political committee.	С					, .	, <u>,</u>	208	3.00			
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		Me	emo	ltem						
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	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life In:	surance	Company Federal PA	С							
Α.	Full Name of Individual (Last, First, Middle Initia Pruett, Charles, R, ,	al) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 8530 Saundersville Rd				04	1	D D 30	/ Y	2020		
	City Mount Juliet	State TN	Zip Code 37122-5094	_				2020043 eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		20	08.00)
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]							
в.	Full Name of Individual (Last, First, Middle Initia Radke, Steven, M, ,	al) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 111 W Ravine Ct	State	Zip Code		04	/	D D D 15	/ Y	2020		
	Thiensville	WI	53092-5861					2020041 eceipt th			•
	FEC ID number of contributing federal political committee.	С								00 08.00	
	Name of Employer (for Individual) NML		cupation (for Individual) Govt Relations		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 864.00]							
С.	Full Name of Individual (Last, First, Middle Initia Radke, Steven, M, ,	al) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 111 W Ravine Ct	1			04	/	D D D 30	/ Y	2020		
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	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	y	10	08.00)
	Name of Employer (for Individual) NML		upation (for Individual) Govt Relations		М	emo	tem				
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⊢	UBTOTAL of Receipts This Page (optional)			• -			, ,	· ·	42	24.00	

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171			Use separate schedule(s)	(ch	eck only	/ or	ne)				
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contri	ibutio	ns
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PA	С							
A.	Full Name of Individual (Last, First, Middle Initia Reeter, Jeff, D, ,	al) or Full Oi	rganization Name		Date of	Re	ceipt				
	Mailing Address 7 Williamsburg Ln				м м 04	1	15	/ Y	y 2020	Y Y 0	1
	City Houston	State TX	Zip Code 77024-5144					2020041 eceipt th			_
	FEC ID number of contributing federal political committee.	С							13	30.00	
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		Me	emc	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00								
в.	Full Name of Individual (Last, First, Middle Initia Reeter, Jeff, D, ,	al) or Full Oi	rganization Name		Date of	Re	ceipt				
	Mailing Address 7 Williamsburg Ln				M M 04	1	D D D 30	/ Y	y 2020	Y Y)	
	City Houston	State TX	Zip Code 77024-5144	-				2020043			
	FEC ID number of contributing federal political committee.	C			Amount	OT	Each R	eceipt th		100 30.00	
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		Me	emc	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00								
с.	Full Name of Individual (Last, First, Middle Initia Rhoades, Adam, T, ,	al) or Full Oi	rganization Name		Date of	Re	ceipt				
	Mailing Address 2038 Rosemont PI				04 ^M	1	D D D	/ Y	Ý 2020		
	City Vestavia	State AL	Zip Code 35243-1767					2020041 eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. y	20	08.00	
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		M	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00								
s	UBTOTAL of Receipts This Page (optional)			•			,	,	4(68.00	
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			y not be sold or used by any ddress of any political committee		for the	purp	ose of a	soliciting	contribu	utions	
				_							
I he Northw	estern Mutual Life	Insurance	Company Federal PA	C							
Full Name of Inc A. Rhoades, Ada	lividual (Last, First, Middle am, T, ,	Initial) or Full O	rganization Name		Date of	Rec	ceipt				
Mailing Address	2038 Rosemont PI				^M 04	/	D D D 30	/ Y	y y 2020	Y	
City		State AL	Zip Code						019135-4		
Vestavia		AL	35243-1767		Amount	t of E	Each Re	eceipt th	is Perioc	t	
FEC ID number federal political c	0	С			<u> </u>		y	-	208	.00	
Name of Employ	ver (for Individual)	Occi	pation (for Individual)		M	emo	Item				
Self-Employed		Gen	eral Insurance Agent								
Receipt For:		Aggregate	Year-to-Date ▼								
Primary Other (spe	General		1664.00								
Other (spe	city) V			- 1							
	lividual (Last, First, Middle	Initial) or Full O	rganization Name		_	_					
B. Richardson,					Date of	Rec	·	_			
Mailing Address	720 E Green Tree Rd				04	/	15	/ Y	2020	Ŷ	
City		State	Zip Code		Trans	actio	on ID : 2	2020041	519414-6	643	
Fox Point		WI	53217-3615		Amount	t of E	Each Re	eceipt th	is Perioc	Ł	
FEC ID number federal political c	0	С					y		30	.00	
Name of Employ NML	ver (for Individual)		upation (for Individual) Advice Practice		M	emo	Item				
Receipt For:			Year-to-Date ▼								
Primary	General	7.99109410		- 1							
Other (spe	cify) 🔻		, 240.00								
Full Name of Inc c. Richardson	lividual (Last, First, Middle , Peter, K, ,	Initial) or Full O	rganization Name		Date of	Rec	ceipt				
Mailing Address	720 E Green Tree Rd				04	1	D D D 30	/ Y	y y 2020	Y	
City		State	Zip Code		Trans	actio	on ID : 2	2020043	019414-	729	
Fox Point		WI	53217-3615		Amount	t of E	Each Re	eceipt th	is Perioc	ł	
FEC ID number federal political o	0	С					y	,	30	.00	
Name of Employ NML	ver (for Individual)		upation (for Individual) dvice Practice		M	emo	ltem				
Receipt For:		Aggregate	Year-to-Date ▼								
Primary	General		240.00	٦L.							
Other (spe	спу)		240.00								
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			for each category of the Detailed Summary Page)	′ 11a 13		11b 14	11c	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contri	ibutio	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)			_							
/	The Northwestern Mutual Life Ins	surance	Company Federal PA	С							
A.	Full Name of Individual (Last, First, Middle Initia Richardson, Wesley, H, ,	l) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1 Open Gate Whitaker Hil				04	/	15) / Y	y 2020	Y Y 0	1
	City	State WV	Zip Code					2020041			
	Huntington	VV V	25701		Amount	t of	Each R	Receipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-		12	25.00)
	Name of Employer (for Individual)	Occu	upation (for Individual)		M	emc	ltem				
	Self-Employed	Gen	eral Insurance Agent								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼	· · · ·	1000.00	11							
				41.							
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name								
Β.	Richardson, Wesley, H, ,				Date of	Re	eceipt				
	Mailing Address 1 Open Gate Whitaker Hil				04	/	30) / Y	y 2020	Y Y)	
	City	State WV	Zip Code 25701					2020043			
	Huntington		25701	_	Amoun	t of	Each H	leceipt th	ns Per	IOD	_
	FEC ID number of contributing federal political committee.	С			Ľ.		-		1:	25.00	
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emc	tem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼	· · · ·	1000.00	11.							
			, , , , , , , , , , , , , , , , , , , ,	11.							
с.	Full Name of Individual (Last, First, Middle Initia Rivers, J, Daniel, ,	ll) or Full Oi	rganization Name		Date of	Re	eceipt				
	Mailing Address 3601 River Ridge Cv				04	/	15		y 2020		1
	City	State	Zip Code		Trans	act	ion ID :	2020041	51921	5-10	
	Prospect	KY	40059-8038		Amount	t of	Each R	Receipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					,	, <u>,</u>	20	08.00	
	Name of Employer (for Individual)	Occu	upation (for Individual)		Μ	emo	tem				
	Self-Employed	Gene	eral Insurance Agent								
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	Primary General Other (specify)		1664.00	11.							
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ig the name and a	duress of any political commute	
The Northwestern Mutual Li	fe Insurance	Company Federal PA	С
Full Name of Individual (Last, First, Mido A. Rivers, J, Daniel, ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3601 River Ridge Cv			04 30 Y Y Y Y Y 2020
City Prospect	State KY	Zip Code 40059-8038	Transaction ID : 2020043019135-10 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼	, iggi ogulo	1664.00	1
			4
Full Name of Individual (Last, First, Mide B. Roberts, John, C, ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8331 N Links Way			04 15 2020
City Fox Point	State WI	Zip Code 53217-2821	Transaction ID : 2020041519414-531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		79.00
Name of Employer (for Individual) NML		upation (for Individual) Distribution Performance	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 632.00	1
Full Name of Individual (Last, First, Midc	lle Initial) or Full O	rganization Name	
c . Roberts, John, C, ,	,	• 	Date of Receipt
Mailing Address 8331 N Links Way			04 / D D / Y Y Y Y 2020
City Fox Point	State WI	Zip Code 53217-2821	Transaction ID : 2020043019414-593 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		79.00
Name of Employer (for Individual) NML		upation (for Individual) Distribution Performance	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 632.00]
SUBTOTAL of Receipts This Page (option	al)		366.00
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		Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c		ſ	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contr	ributio	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)			~							
/	The Northwestern Mutual Life Ins	surance	Company Federal PA	C							
Α.	Full Name of Individual (Last, First, Middle Initia Roou, Tammy, M, ,	ll) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address N99W14710 Amber Dr				M M 04	/	15	р / Ү	202	Y 1 0	7
	City	State	Zip Code		Trans	act	ion ID :	2020041	51941	4-50	1
	Germantown	WI	53022-6611		Amount	t of	Each F	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-yr-	7		50.00)
	Name of Employer (for Individual) NML		upation (for Individual) Compliance/Bp		M	emo	ltem				
	Receipt For:		Year-to-Date ▼	_							
	Primary General			11.							
	Other (specify)		400.00								
	Full Name of Individual (Last, First, Middle Initia Roou, Tammy, M, ,	l) or Full Or	rganization Name		Data at		agint				
D.	Mailing Address N99W14710 Amber Dr				Date of) / Y	Y	Y Y	
		-1			04		30		2020		
	City Germantown	State WI	Zip Code					2020043			2
			53022-6611		Amoun	OT	Each F	Receipt th	iis Per	100	-
	FEC ID number of contributing federal political committee.	С			<u>L</u> .		-			50.00)
	Name of Employer (for Individual) NML		upation (for Individual) Compliance/Bp		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		400.00]							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Ruhl, John, H, ,	ll) or Full Or	rganization Name		Date of	F Re	eceipt				
	Mailing Address 10 Skyfield Dr				04	/	D 15		2020		
	City	State	Zip Code		Trans	act	ion ID :	2020041	151921	5-58	
	Princeton	NJ	08540-7403		Amount	t of	Each F	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					<u>y</u>	. ,	1	25.00)
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		М	emo	o Item				
	Receipt For:		Year-to-Date ▼								
	Primary General	33 - 3		11.							
	Other (specify)		1000.00								
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			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PAC	С						
Α.	Full Name of Individual (Last, First, Middle Initia Ruhl, John, H, ,	ll) or Full Or	rganization Name		Date of	Re	eceipt			
	Mailing Address 10 Skyfield Dr				04	/	D 10) / Y	y y 2020	Y
	City Princeton	State NJ	Zip Code 08540-7403						019135-5 iis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>				125.	00
	Name of Employer (for Individual) Self-Employed Receipt For:	Gen	upation (for Individual) eral Insurance Agent		Me	emo	tem			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
в.	Full Name of Individual (Last, First, Middle Initia Russo, Matt, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt			
	Mailing Address 139 Deep Valley Rd				м м 04	1	D 15) / Y	y y 2020	Y
	City New Canaan	State CT	Zip Code 06840-2804						519215-4 iis Period	
	FEC ID number of contributing federal political committee.	С							208.	_
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Russo, Matt, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt			
	Mailing Address 139 Deep Valley Rd				м м 04	/	30		y 2020	Y
	City New Canaan	State CT	Zip Code 06840-2804						019135- 4 iis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	208.	00
	Name of Employer (for Individual) Self-Employed		ipation (for Individual) eral Insurance Agent		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00							
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\setminus	NAME OF COMMITTEE (In Full)			_									
	The Northwestern Mutual Life In	isurance	Company Federal PA	C									
<u>к</u>	Full Name of Individual (Last, First, Middle Init Sarnecki, R, Philip, ,	ial) or Full C	organization Name	Da	ate of	f Re	eceipt						
	Mailing Address 18240 Melrose Dr				04 15 2020								
	City	State KS	Zip Code					2020041					
	Bucyrus	10	66013-9081	Ar	noun	t of	Each F	Receipt th	nis Per	riod			
	FEC ID number of contributing federal political committee.	C			_	_			1	00.00)		
	Name of Employer (for Individual)	Occ	upation (for Individual)	- C	Μ	emo	b Item						
	Self-Employed	Ger	neral Insurance Agent										
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify) V		800.00	11 -									
				1									
в.	Full Name of Individual (Last, First, Middle Init Sarnecki, R, Philip, ,	ial) or Full C	organization Name	Da	ate of	f Re	eceipt						
	Mailing Address 18240 Melrose Dr				04	/	30		2020	ү ү 0			
	City	State	Zip Code		rans	act	ion ID :	2020043	01913	35-20			
	Bucyrus	KS	66013-9081	Ar	noun	t of	Each F	Receipt th	nis Per	riod			
	FEC ID number of contributing federal political committee.	С					-yr- 1	-	1	00.00)		
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		Μ	emo	o Item						
	Receipt For:		Year-to-Date ▼	_									
	Primary General	riggrogato		11									
	Other (specify) v		, 800.00										
C.	Full Name of Individual (Last, First, Middle Init Schattschneider, Cal, D, ,	ial) or Full C	organization Name	Da	ate of	f Re	eceipt						
	Mailing Address 5940 Stefanie Way				04	1	D 15		202				
	City Caledonia	State WI	Zip Code 53108-9563					2020041			0		
		VVI	53106-9563	Ar	noun	t of	Each F	Receipt th	nis Per	riod			
	FEC ID number of contributing federal political committee.	C		ļĻ	_		y	y		35.00)		
	Name of Employer (for Individual) NML		upation (for Individual) Campus And Event Experience		М	emo	o Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		280.00]									
Γ					-				2	235.00)		
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	surance	Company Federal PAC	2										
A.	Full Name of Individual (Last, First, Middle Initia Schattschneider, Cal, D, ,	ll) or Full Or	rganization Name	D	Date of Receipt									
	Mailing Address 5940 Stefanie Way				04 / D D / Y Y Y Y 04 30 2020									
	City Caledonia	State WI	Zip Code 53108-9563							019414- s Period				
	FEC ID number of contributing federal political committee.							7	35	.00]			
	Name of Employer (for Individual) NML	upation (for Individual) Campus And Event Experience	1	M	emc	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00											
в.	Full Name of Individual (Last, First, Middle Initia Schenkel, Christopher, J, ,	ll) or Full Or	rganization Name	D	ate of	Re	eceipt							
	Mailing Address 27085 Saddlerock PI			_	м м 04	1	D 15		Y	y y 2020	Y			
	City Harrisburg	State SD	Zip Code 57032-8243							5 19215-0 s Period				
	FEC ID number of contributing federal political committee.	С							7	42	.00]		
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	1	M	emc	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00											
с.	Full Name of Individual (Last, First, Middle Initia Schenkel, Christopher, J, ,	ll) or Full Or	rganization Name	D	ate of	Re	eceipt					_		
	Mailing Address 27085 Saddlerock Pl			Т	04	/	D 30		Y	y 2020	Y			
	City Harrisburg	State SD	Zip Code 57032-8243				-			019135- s Period	-			
	FEC ID number of contributing federal political committee.	С		ļ			y 1		9	42	.00]		
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		M	emo	tem Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 336.00											
	UBTOTAL of Receipts This Page (optional)						,		,	119	.00]		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Concerc only one) Image: The second secon
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any pe d address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Insurance	e Company Federal PAC	
Full Name of Individual (Last, First, Middle Initial) or Full A. Schlifske, John, E, , Mailing Address 1500 Greenway Ter City State Elm Grove WI FEC ID number of contributing C federal political committee C	Zip Code 53122-1611	Date of Receipt 04 15 2020 Transaction ID : 2020041519414-509 Amount of Each Receipt this Period 208.00
Name of Employer (for Individual) O NML C	Ccupation (for Individual) Chairman President & Ceo ate Year-to-Date ▼ 1664.00	Memo Item
NML C	Zip Code 53122-1611 Deccupation (for Individual) Chairman President & Ceo ate Year-to-Date ▼ 1664.00	Date of Receipt
NML V	I Organization Name Zip Code 53217-1433 Decupation (for Individual) 'p Litig & Dist Counsel ate Year-to-Date ▼ 392.00	Date of Receipt 04 / 15 / 2020 Transaction ID : 2020041519414-655 Amount of Each Receipt this Period 49.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		465.00

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	< 1	0 E I I DA	
The Northwestern Mutual Li	te insurance	Company Federal PA	C
Full Name of Individual (Last, First, Mido A. Schneider, Rodd, , ,	Date of Receipt		
Mailing Address 1415 E Fairy Chasm Rd # R			04 30 2020
City Bayside	State WI	Zip Code 53217-1433	Transaction ID : 2020043019414-396
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	C		49.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Receipt For:	Receipt For: Primary General Aggregate Year-to-Date ▼		
Other (specify) ▼		392.00	
Full Name of Individual (Last, First, Mido	lle Initial) or Full O	rganization Name	Data of Descript
B. Schneider, Sarah, R, , Mailing Address 4380 N Wildwood Ave			Date of Receipt
	1-		04 15 2020
City Shorewood	State	Zip Code 53211-1436	Transaction ID : 2020041519414-765
FEC ID number of contributing	C		Amount of Each Receipt this Period
federal political committee.	0		
Name of Employer (for Individual) Occupation (for Individual) NML Vp Distribution Services		Memo Item	
Receipt For:	Receipt For: Aggregate Year-to-Date ▼		
Other (specify)		808.00]
Full Name of Individual (Last, First, Midc C. Schneider, Sarah, R, ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4380 N Wildwood Ave	04 30 2020		
City	State	Zip Code	Transaction ID : 2020043019414-658
Shorewood	WI	53211-1436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		101.00
Name of Employer (for Individual) NML	vidual) Occupation (for Individual) Vp Distribution Services		Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		808.00]
SUBTOTAL of Receipts This Page (option	al)		251.00
TOTAL This Period (last page this line nu	,		

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PAGE 72 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any pe ame and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	urance Company Federal PAC	2
Full Name of Individual (Last, First, Middle Initial Schultz, Deborah, A, , Mailing Address 1219 S WATERVILLE LA City OCONOMOWOC FEC ID number of contributing federal political committee. Name of Employer (for Individual) NML Receipt For: Primary General Other (specify) ▼) or Full Organization Name State Zip Code WI 53066 C Occupation (for Individual) Vp Financial Management Aggregate Year-to-Date ▼ 728.00	Date of Receipt 04 15 2020 Transaction ID : 2020041519414-721 Amount of Each Receipt this Period 91.00 Memo Item
Full Name of Individual (Last, First, Middle Initial B. Schultz, Deborah, A, , Mailing Address 1219 S WATERVILLE LA City OCONOMOWOC FEC ID number of contributing federal political committee. Name of Employer (for Individual) NML Receipt For: Primary General Other (specify) ▼) or Full Organization Name State Zip Code WI 53066 C Occupation (for Individual) Vp Financial Management Aggregate Year-to-Date ▼ 728.00	Date of Receipt 04 30 2020 Transaction ID : 2020043019414-371 Amount of Each Receipt this Period 91.00 Memo Item
Full Name of Individual (Last, First, Middle Initial C. Seiden, Adam, D, , Mailing Address 600 Hollow Tree Ridge Rd City Darien FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)) or Full Organization Name State Zip Code CT 06820-2420 C Occupation (for Individual) General Insurance Agent Aggregate Year-to-Date ▼ 1664.00	Date of Receipt 04 15 2020 Transaction ID : 2020041519215-56 Amount of Each Receipt this Period 208.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	r	390.00

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
The Northwestern Mutual Li	fe Insurance	Company Federal PA	С						
Full Name of Individual (Last, First, Midd Seiden, Adam, D, ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 600 Hollow Tree Ridge F	Rd		04 / D D / Y Y Y Y 04 30 2020						
City Darien	State CT	Zip Code 06820-2420	Transaction ID : 2020043019135-56 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		208.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]						
Full Name of Individual (Last, First, Midd B. Seitzinger, Brad, P, ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 920 Pine Needle Trl			04 / D D / Y Y Y Y 2020						
City	State	Zip Code	Transaction ID : 2020041519215-22						
Oakland Twp	MI	48306-1034	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		208.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]						
Full Name of Individual (Last, First, Midd C. Seitzinger, Brad, P, ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 920 Pine Needle Trl			04 / D D / Y Y Y Y 02020						
City Oakland Twp	State MI	Zip Code 48306-1034	Transaction ID : 2020043019135-22 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		208.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00]						
SUBTOTAL of Receipts This Page (option	al)		624.00						
TOTAL This Period (last page this line nur	mber only)								

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PAGE 74 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Inst	urance	Company Federal PAC	2
Α.	Full Name of Individual (Last, First, Middle Initial) Simbro, David, W, , Mailing Address 311 E Erie St) or Full O	rganization Name	Date of Receipt
	Unit 4 City	State	Zip Code	04 15 2020
	Milwaukee	WI	53202-6040	Transaction ID : 2020041519414-510 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) NML		upation (for Individual) Risk Products	Memo Item
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	
в.	Full Name of Individual (Last, First, Middle Initial) Simbro, David, W, ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 311 E Erie St Unit 4 City	State	Zip Code	04 / D D / Y Y Y Y 04 30 2020
	Milwaukee	WI	53202-6040	Transaction ID : 2020043019414-580 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) NML		upation (for Individual) Risk Products	Memo Item
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	
с.	Full Name of Individual (Last, First, Middle Initial) Spiegelman, Martin, , ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 583 Rutland Ave			04 / D D / Y Y Y Y 2020
	City Teaneck	State NJ	Zip Code 07666-2947	Transaction ID : 2020041519414-647 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		33.00
	Name of Employer (for Individual)		upation (for Individual) or Director - Tech Governa	Memo Item
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 264.00	
s	UBTOTAL of Receipts This Page (optional)		•	203.00
т	OTAL This Period (last page this line number only	y)		

Use separate schedule(s)

FOR LINE NUMBER:

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Detailed Summary Page I1a 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Insurance Company Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				Use separate schedule(s)	(ch	(check only one)						
Any Information copied from such Reports and Statements may not be solid or used by any person for the purposes of solicing contributions from such committee. NAME: OF: COMMITTEE (in Ful) The Northwestern Mutual Life Insurance Company Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Splegelman, Martin, Malling Address 583 Rutand Ave City State Teamack N1 PECI In number of contributing federal political committee. City Name of Individual (Last, First, Middle Initial) or Full Organization Name Amount of Each Receipt Martin (Last, First, Middle Initial) or Full Organization Name Name of Individual (Last, First, Middle Initial) or Full Organization Name Mount of Each Receipt Martin (Last, First, Middle Initial) or Full Organization Name B. Stately Object or Tech Governa Mount of Each Receipt Martin (Last, First, Middle Initial) or Full Organization Name B. Stately Object of Receipt Tanasaction ID : 20200451519215.44 Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Stately of Continuous City Tanasaction ID : 20200451519215.44 Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin Address 3914 White Stone Rd City General	111			for each category of the Detailed Summary Page		_		4 -			17	
The Northwestern Mutual Life Insurance Company Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Spiegelman, Martin, Mailing Address S83 Rutland Ave City Teanek Nume of Contributing Gearal Dollical committee Receipt For: Primary City Sale Point (geerity) State City Receipt For: Primary City State City State City State City State Primary General City Name of Employer (for Individual) Settemployed Receipt For: Primary City Name of Employer (for Individual) Settemployed General City Name of Employer (for Individual) General City Name of Employer (for Individual) Sette						for the		pose of	soliciting	contribut	tions	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Spiegelman, Martin,	$\overline{\ }$				<u> </u>							
A. Spiegelman, Martin, , , Maling Address 583 Ruland Ave Date of Receipt Otty State Zip Code City Tesneck N FEC ID number of contributing federal political committee. C Manumut of Each Receipt This Period Maling Address 3814 White Stone Rd Aggregate Year-to-Date ▼ Date of Receipt Builty Address 3914 White Stone Rd C City City State Zip Code Mailing Address 3914 White Stone Rd C City City State Zip Code Pinany General Office Individual) Secient For: Aggregate Year-to-Date ▼ Paint and the stone Rd C City Name of Employer (for Individual) C Code Self-Employer C Aggregate Year-to-Date ▼ Primary General General General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General General General General Other (specify) ▼ General General General General Other (specify) ▼ <td< td=""><td></td><td>The Northwestern Mutual Life Ins</td><td>surance</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		The Northwestern Mutual Life Ins	surance									
City State Zip Code Name of Employer (for Individual) C Transaction ID: 220043019414-389 Name of Employer (for Individual) C State Name of Employer (for Individual) Senior Director - Tech Governa Roceipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ C B: Stately, Tony, , Memo Item Mailing Address 3914 White Stone Rd C City State Receipt For: Aggregate Year-to-Date ▼ Mailing Address 3914 White Stone Rd C City State Self-Employer General Of ther (specify) ▼ General City State Self-Employer General Of ther (specify) ▼ General City State Primary General General Insurance Agent 336,00	Α.		al) or Full Oi	rganization Name		Date of	Re	eceipt				
Teaneck NJ 07666-2947 FEC ID number of contributing tedral political committee. C 33.00 Name of Employer (for Individual) Senior Director - Tech Governa Recoipt For:		Mailing Address 583 Rutland Ave					1		/ Y		Y	
FEC ID number of contributing federal political committee. C 33.00 Name of Employer (for Individual) Senior Director - Tech Governa Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation (for Individual) Senior Director - Tech Governa Aggregate Year-to-Date ▼ Date of Receipt B. Stanley, Tony, , Mailing Address 3914 White Stone Rd C Date of Receipt City State ZIP Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Transaction ID : 2020041519215-64. Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Date of Receipt Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ 2020 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Amount of Each Receipt this Period City General Option of contributing federal political committee. Aggregate Year-to-Date ▼ Oute of Receipt Name of Individual (Last, First, Middle Initial) or Full Organization Name Aggregate Year-to-Date ▼ Oute of Receipt City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political commitue. C Aggregate											89	
federal political committee.					_	Amount	OT	Each R	eceipt th		_	
MML Senior Director - Tech Governa Performany General Other (specify) ▼ 264.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Stanley, Tony, Mailing Address 3914 White Stone Rd 04 / 15 / 2020 City State 2/2 Code Name of Employer (for Individual) Cecupation (for Individual) Cecupation (for Individual) SetEmployed Ceneral 0202041513215-64 Amount of Each Receipt this Period 42.00 Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) Settemployed General 335.00 City Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Aggregate Year-to-Date ▼ Date of Receipt Name of Employer (for Individual) General 19073-1095 FEC ID number of contributing federal political committee. C 2020 Name of Employer (for Individual) General 19073-1095 Receipt For: Aggregate Year-to-Date ▼ Amount of Each Receipt this Period SetE-Employed		8			<u> </u>	-	7		33.0	00		
Primary General Pagregate real-to-Cate ▼ Primary General 264.00 B. Stanley, Tony, . , Mailing Address 3914 White Stone Rd Date of Receipt City Name of Engloyer (for Individual) State Zip Code FEC ID number of contributing federal political committee. C 42.00 Transaction ID: 2020041519215-64. Name of Engloyer (for Individual) Occupation (for Individual) General Insurance Agent Memo Item Receipt For: Aggregate Year-to-Date ▼ 336.00 Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Memo Item City Mailing Address 3914 White Stone Rd 42.00 Transaction ID: 2020043019135-64. Mailing Address 3914 White Stone Rd C 42.00 Transaction ID: 202043019135-64. Name of Employer (for Individual) General Insurance Agent General Insurance Agent Memo Item FEC ID number of contributing federal political committee. C 42.00 Transaction ID: 202043019135-64. Name of Employer (for Individual) General Insurance Agent Memo Item 42.00 Transaction ID: 202043019135-64. Name of Employer (f						Me	emc	ltem				
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Stanley, Tony, , , , , , , , , , , , , , , , , , ,				264.00	11							
B. Stanley, Tony, , , Mailing Address 3914 White Stone Rd Mailing Address 3914 White Stone Rd Zip Code Nextown Sq PA Yet CiD number of contributing tederal political committee. C Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Mailing Address 3914 White Stone Rd Aggregate Year-to-Date ▼ City State Zip Code Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ State Zip Code Mailing Address 3914 White Stone Rd Other (specify) ▼ Date of Receipt City State Zip Code Transaction ID : 2020043019135-64 Name of Employer (for Individual) (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt City State Zip Code Transaction ID : 2020043019135-64 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C Occupation (for Individual) General Insurance Agent Name of Employer (for Individual) General Insurance Agent Memo Item 42.00 Memo Item <tr< td=""><td></td><td></td><td></td><td></td><td>1.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>					1.							
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Newtown Sq PA 19073-1095 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 3914 White Stone Rd Transaction ID : 202043019135-64 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C State Zip Code Name of Employer (for Individual) Cocupation (for Individual) General Insurance Agent Date of Receipt Transaction ID : 202043019135-64 Mailing Address 3914 White Stone Rd C Transaction ID : 202043019135-64 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C Memo Item 42.00 Name of Employer (for Individual) Cocupation (for Individual) General Insurance Agent Memo Item 42.00 Receipt For: Aggregate Year-to-Date ▼ Memo Item 42.00 Memo Item SuBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 117.00		Mailing Address 3914 White Stone Rd					1		/ Y		Y	
FEC ID number of contributing federal political committee. C 42.00 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Memo Item Receipt For: Aggregate Year-to-Date ▼ 0 Date of Receipt Other (specify) ▼ State Zip Code Transaction ID : 2020043019135-64 Mailing Address 3914 White Stone Rd C 0 Memo Item City State Zip Code Transaction ID : 2020043019135-64 Newtown Sq PA 19073-1095 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. C 42.00 Memo Item Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item 42.00 Wemo Item Aggregate Year-to-Date ▼ 117.00 117.00											4	
federal political committee. 42.00 Name of Employed (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Stanley, Tony, , , Mailing Address 3914 White Stone Rd Date of Receipt City State Zip Code Newtown Sq PA 19073-1095 FEC ID number of contributing federal political committee. C Name of Employed General Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Other (specify) Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)				19073-1095	_	Amount	of	Each R	eceipt th	is Period		
Self-Employed General Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address 3914 White Stone Rd Jack of Receipt City State Zip Code Newtown Sq PA 19073-1095 FEC ID number of contributing federal political committee. City Name of Employer (for Individual) Occupation (for Individual) Self-Employed Aggregate Year-to-Date ▼ Primary General Memo Item		8	C		42.00							
Primary General Other (specify) ▼ 336.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Stanley, Tony, , , Date of Receipt Mailing Address 3914 White Stone Rd Zip Code City State Zip Code Newtown Sq PA 19073-1095 FEC ID number of contributing federal political committee. C 42.00 Name of Employer (for Individual) Occupation (for Individual) General Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 336.00				,		Me	emc	ltem				
Other (specify) ▼ 336.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Stanley, Tony, , , Mailing Address 3914 White Stone Rd Date of Receipt City State Zip Code Newtown Sq PA 19073-1095 FEC ID number of contributing federal political committee. C 42.00 Name of Employer (for Individual) Occupation (for Individual) 42.00 Self-Employed General 336.00 Primary General 336.00 Other (specify) Aggregate Year-to-Date ▼ 117.00 SUBTOTAL of Receipts This Page (optional)			Aggregate	Year-to-Date V								
C. Stanley, Tony, , , Date of Receipt Mailing Address 3914 White Stone Rd 04 30 2020 City State Zip Code Newtown Sq PA 19073-1095 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Receipt For: Aggregate Year-to-Date Primary General Other (specify) 336.00				336.00								
Mailing Address 3914 White Stone Rd City State Zip Code Newtown Sq PA 19073-1095 FEC ID number of contributing C Amount of Each Receipt this Period FEC ID number of contributing C 42.00 rederal political committee. Occupation (for Individual) General Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 336.00 117.00 SUBTOTAL of Receipts This Page (optional) 117.00 117.00	<u> </u>		al) or Full O	rganization Name		Date of	Re	ceipt				
Newtown Sq PA 19073-1095 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent Memo Item Primary General Other (specify) Aggregate Year-to-Date ▼ 336.00 SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·				M M	/	D D	/ Y		Y	
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federal political committee. Image: Committee.			PA	19073-1095	_	Amount	of	Each R	eceipt th	is Period		
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Primary General Other (specify) 336.00 SUBTOTAL of Receipts This Page (optional) 117.00						Me	emo	tem				
Other (specify) 336.00 SUBTOTAL of Receipts This Page (optional)			Aggregate	Year-to-Date ▼								
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	s	UBTOTAL of Receipts This Page (optional)				<u> </u>				117.(00	
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SCHEDULE A (FEC Forn	Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 OF 88 (check only one)						
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	orts and Statements may not be sold or used by any using the name and address of any political commi							
NAME OF COMMITTEE (In Full) The Northwestern Mutua	I Life Insurance Company Federal P	ŶAC						
Full Name of Individual (Last, First, Stewart, Thomas, , ,	Middle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 7768 Doug Hill Ct	State Zip Code	04 / 15 / 2020						
San Diego	CA 92127-2500	Transaction ID : 2020041519215-36 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	42.00						
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00							
B. Stewart, Thomas, , ,	Middle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 7768 Doug Hill Ct		04 30 2020						
City	State Zip Code CA 92127-2500	Transaction ID : 2020043019135-36						
San Diego FEC ID number of contributing		Amount of Each Receipt this Period						
federal political committee.	C	42.00						
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify) V	, 336.00							
c. Stone, Stephen, R, ,	Middle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2511 N 95th St		04 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Wauwatosa	StateZip CodeWI53226-1749	Transaction ID : 2020041519414-763 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	30.00						
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Enterprise Risk Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00							
SUBTOTAL of Receipts This Page (or	btional)							
TOTAL This Period (last page this line	a number only)	••						

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 OF 88 (check only one)
	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	e Insurance Company Federal PAC	
Full Name of Individual (Last, First, Middle Stone, Stephen, R, , Mailing Address 2511 N 95th St	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	04 30 2020 Transaction ID : 2020043019414-655
Wauwatosa FEC ID number of contributing	WI 53226-1749	Amount of Each Receipt this Period
federal political committee.	Occupation (for Individual)	
NML Receipt For:	Vp Enterprise Risk Mgmt Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle Striano, Peter, F, , III	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3433 NE 31st Ave		04 15 / Y Y Y Y 2020
City Lighthouse Point	State Zip Code FL 33064-8541	Transaction ID : 2020041519215-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	208.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify) ▼	1664.00	
Full Name of Individual (Last, First, Middle C. Striano, Peter, F, , III	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3433 NE 31st Ave		04 04 / Y Y Y Y 04 30 2020
City Lighthouse Point	StateZip CodeFL33064-8541	Transaction ID : 2020043019135-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1664.00	
SUBTOTAL of Receipts This Page (optional) ▶	446.00
TOTAL This Period (last page this line num	ber 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)

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			for each category of the Detailed Summary Page	×	11a			11 14	b	110	- F	12 16	
	y information copied from such Reports and Statemer for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Insura	nce C	ompany Federal PA	2									
Α.	Full Name of Individual (Last, First, Middle Initial) or I Stugelmeyer, Brenda, J, , Mailing Address 6970 W Fox Haven Ct	Full Orga	nization Name		Date of Receipt								
	Oit.	••	Zin Oada		04			L	15			2020	
	City Sta Franklin WI	le	Zip Code 53132-7402									19414- Perio	
	FEC ID number of contributing federal political committee.				Amot			,		eceip			.00
	Name of Employer (for Individual) NML	· ·	tion (for Individual) Tax & Corp Counsel			Mer	no	lte	em				
	Receipt For: Aggreen and and a structure Primary General Other (specify) ▼	egate Ye	ar-to-Date ▼ 432.00										
В.	Full Name of Individual (Last, First, Middle Initial) or I Stugelmeyer, Brenda, J, ,	Full Orga	nization Name		Date	of F	Red	cei	pt				
	Mailing Address 6970 W Fox Haven Ct						04 / D D / Y Y Y Y 2020						
	City Sta Franklin WI		Zip Code 53132-7402					-				19414-	
	FEC ID number of contributing federal political committee.	tributing tee.				Amount of Each Receipt this Period 54.00 Memo Item							
	Name of Employer (for Individual) NML												
	Receipt For: Aggre Primary General Other (specify) ▼	egate Ye	ar-to-Date ▼ 432.00										
с.	Full Name of Individual (Last, First, Middle Initial) or I Tews, Michael, F, ,	Full Orga	nization Name		Date	of F	Red	cei	pt				
	Mailing Address 609 S 249th Cir				M 04		/	ľ	15	/	Y	y y 2020	Y
	City Sta Waterloo NE		Zip Code 68069-4432									19215 Perio	
	FEC ID number of contributing federal political committee.							y		,			5.00
	Name of Employer (for Individual) Self-Employed		tion (for Individual) I Insurance Agent			Mer	no	lte	em				
	Receipt For: Aggreen and and and and and and and and and an	egate Ye	ar-to-Date ▼ 1000.00										
s	UBTOTAL of Receipts This Page (optional)		▶	I		-		,		. ,		233	.00
T	OTAL This Period (last page this line number only)		••••••		L.,			,					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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1			for each category of the	×	11a		111	bГ	11c	12		
			Detailed Summary Page		13		14		15	16	17	
or	y information copied from such Reports and for commercial purposes, other than using t											
\rangle	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life	Insurance	Company Federal PA	С								
١.	Full Name of Individual (Last, First, Middle Tews, Michael, F, ,	Initial) or Full O	rganization Name	C	Date of Receipt							
	Mailing Address 609 S 249th Cir				м м 04	/		30	/ Y	2020	Y	
	City Waterloo	State NE	Zip Code 68069-4432	A			-			019135-6 nis Period		
	FEC ID number of contributing federal political committee.	C		125.00								
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emo) Ite	۶m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
	Full Name of Individual (Last, First, Middle Theodore, Scott, P, ,	Initial) or Full O	rganization Name		Date of	Re	eceij	pt				
	Mailing Address 324 Inverness Dr S Apt 8101						04 / D D / Y Y Y Y Y 2020					
	City Englewood	State CO	Zip Code 80112-6196							519215-1 nis Period	7	
	FEC ID number of contributing federal political committee.	C					- -			208.0	00	
	Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent		M	emo) Ite	۶m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00									
	Full Name of Individual (Last, First, Middle Theodore, Scott, P, ,	Initial) or Full O	rganization Name		Date of	Re	cei	pt				
	Mailing Address 324 Inverness Dr S Apt 8101				^M 04	/		30	/ Y	y y 2020	Y	
	City Englewood	State CO	Zip Code 80112-6196	A			-			3019135-1 nis Period	7	
	FEC ID number of contributing federal political committee.	С					y	_	, <u>,</u>	208.0	00	
	Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent		M	emo	o Ite	÷m				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1664.00									
S	JBTOTAL of Receipts This Page (optional).			. [y		,	541.(00	
т	OTAL This Period (last page this line number	er only)		. [_		- -			

Use separate schedule(s)

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PAGE 80 OF

			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	X	11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and Star for commercial purposes, other than using the n				for the		oose of	soliciting	, con	tributi	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)			_							
	The Northwestern Mutual Life Ins	urance	Company Federal PAC	3							
A.	Full Name of Individual (Last, First, Middle Initia Tronco, Alex, J, ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 15 Shaker Bay Rd				м м 04	1	D D 15	/ Y	Y 20	20 20	Y
	City	State NY	Zip Code		Trans	acti	on ID : :	2020041	5192	215-48	
	Latham		12110-1255	- 1	Amount	of	Each R	eceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					-	-		208.0	0
	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emc	Item				
	Self-Employed	Gen	eral Insurance Agent	_							
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) ▼		1664.00								
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name								
Β.	Tronco, Alex, J, ,			_	Date of	Re	ceipt				
	Mailing Address 15 Shaker Bay Rd				м м 04	1	30	/ Y	202	20	Y
	City Latham	State NY	Zip Code 12110-1255				-	2020043			
	FEC ID number of contributing	_			Amount	OT	Each R	eceipt th	-	-	-
	federal political committee.	С			<u>_</u>	-				208.0	0
	Name of Employer (for Individual) Self-Employed		upation (for Individual) Ieral Insurance Agent		Me	emc	Item				
		Aggregate	Year-to-Date 🔻								
	Other (specify)		1664.00								
<u></u> с.	Full Name of Individual (Last, First, Middle Initia Trost, Chris, G, ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 1218 E Olive St				04	1	D D 15	/ Y	Y 202	20 20	Ŷ
	City	State WI	Zip Code		Trans	act	ion ID :	2020041	5194	14-66	57
	Shorewood	VVI	53211-1825	-	Amount	of	Each R	eceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y	y		41.0	0
	Name of Employer (for Individual) NML		upation (for Individual) actuary		Me	emo	Item				
		Aggregate	Year-to-Date 🔻								
	Other (specify)		328.00								
s	UBTOTAL of Receipts This Page (optional)									457.00	0
	OTAL This Period (last page this line number on		•	-			· · ·				

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
The Northwestern Mutual	Life Insurance	Company Federal PA							
Full Name of Individual (Last, First, Mi A. Trost, Chris, G, ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1218 E Olive St			M M / D D / Y Y Y Y 04 30 2020						
City	State WI	Zip Code	Transaction ID : 2020043019414-408						
Shorewood	VVI	53211-1825	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.00						
Name of Employer (for Individual) NML		upation (for Individual) Actuary	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		328.00]						
Full Name of Individual (Last, First, Mi	ddle Initial) or Full O	rganization Name							
B. <u>Tucker</u> , Leo, C, ,			Date of Receipt						
Mailing Address 605 Potomac River Ro	I		04 15 2020						
City	State VA	Zip Code	Transaction ID : 2020041519215-32						
Mc Lean	VA	22102-1402	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		208.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		1664.00]						
Full Name of Individual (Last, First, Mi C. Tucker, Leo, C, ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 605 Potomac River Re	t		04 30 2020						
City	State	Zip Code	Transaction ID : 2020043019135-32						
Mc Lean	VA	22102-1402	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		208.00						
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item						
Receipt For:		Year-to-Date ▼							
Other (specify)		1664.00]						
SUBTOTAL of Receipts This Page (optic	nal)		457.00						
TOTAL This Period (last page this line r	number only)								

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other tha			e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) The Northwestern Mutua	al Life Insurance	Company Federal PA	С		
Full Name of Individual (Last, First Van Der Hyde, John, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 849 Sabot Hill Rd			04 15 2020		
City Manakin Sabot	State VA	Zip Code 23103-3009	Transaction ID : 2020041519215-9 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	s l				
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00	1		
Full Name of Individual (Last, First B. Van Der Hyde, John, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 849 Sabot Hill Rd	1		04 30 2020		
City Manakin Sabot	State VA	Zip Code 23103-3009	Transaction ID : 2020043019135-9 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		208.00		
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1664.00]		
Full Name of Individual (Last, First C. Vandommelen, Deborah,		rganization Name	Date of Receipt		
Mailing Address W66N679 Madison	n Ave		04 / D D / Y Y Y Y 04 15 2020		
City Cedarburg	State WI	Zip Code 53012-1819	Transaction ID : 2020041519414-741 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		38.00		
Name of Employer (for Individual) NML		upation (for Individual) Chief Medical Officer	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 304.00]		
SUBTOTAL of Receipts This Page (ptional)		454.00		
TOTAL This Period (last page this lir	e number only)				

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
The Northwestern Mutual Life	Insurance	Company Federal PA	С							
Full Name of Individual (Last, First, Middle A. Vandommelen, Deborah, , , md	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address W66N679 Madison Ave			04 30 2020							
City Cedarburg	State WI	Zip Code 53012-1819	Transaction ID : 2020043019414-744 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		38.00							
Name of Employer (for Individual) NML		upation (for Individual) Chief Medical Officer	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.00]							
Full Name of Individual (Last, First, Middle B. Vedder, Andrew, T, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4856 N Bartlett Ave			04 / D D / Y Y Y Y 2020							
City Whitefish Bay	State WI	Zip Code 53217-6016	Transaction ID : 2020041519414-743 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		37.00							
Name of Employer (for Individual) NML		upation (for Individual) Solv Plcy & Risk Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 296.00]							
Full Name of Individual (Last, First, Middle C. Vedder, Andrew, T, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4856 N Bartlett Ave			04 / D D / Y Y Y Y 2020							
City Whitefish Bay	State WI	Zip Code 53217-6016	Transaction ID : 2020043019414-395 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		37.00							
Name of Employer (for Individual) NML		upation (for Individual) Solv Plcy & Risk Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 296.00]							
SUBTOTAL of Receipts This Page (optional)			112.00							
TOTAL This Period (last page this line numb	er only)									

Use separate schedule(s)

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Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	ddress of any political committee	e to solicit contributions from such committee.
		2
The Northwestern Mutual Life Insurance		5
NML Vp N	rganization Name Zip Code 53217-2038 upation (for Individual) lew Business Year-to-Date ▼ 704.00	Date of Receipt
NML Vp t	ganization Name Zip Code 53217-2038 upation (for Individual) New Business Year-to-Date ▼ 704.00	Date of Receipt 04 30 2020 Transaction ID : 2020043019414-643 Amount of Each Receipt this Period 88.00 Memo Item
Self-Employed Gene	rganization Name Zip Code 28211-3631 pation (for Individual) eral Insurance Agent Year-to-Date ▼ 1664.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	·	384.00

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	4 1	o <u> </u>	-										
The Northwestern Mutual Li	te Insurance	Company Federal PA											
Full Name of Individual (Last, First, Mido A. Worrell, Richard, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2423 Beretania Cir			04 30 / Y Y Y Y 2020										
City	State	Zip Code	Transaction ID : 2020043019135-47										
Charlotte	NC	28211-3631	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		208.00										
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item										
Self-Employed	Gen	eral Insurance Agent											
	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		1664.00											
		Age Age Age											
Full Name of Individual (Last, First, Mido	lle Initial) or Full O	rganization Name											
B. Wright, John, William, , II			Date of Receipt										
Mailing Address 510 King Rd NW	0	7. 0.1.	04 / D D / Y Y Y Y 04 15 2020										
City Atlanta	State	Zip Code 30342-4011	Transaction ID : 2020041519215-21										
	- OA	30342-4011	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		41.67										
Name of Employer (for Individual) Self-Employed		upation (for Individual) neral Insurance Agent	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		333.36											
Full Name of Individual (Last, First, Midd C. Wright, John, William, , II	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 510 King Rd NW			04 / D D / Y Y Y Y 04 30 2020										
City	State GA	Zip Code	Transaction ID : 2020043019135-21										
Atlanta	GA	30342-4011	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		41.67										
Name of Employer (for Individual) Self-Employed		upation (for Individual) eral Insurance Agent	Memo Item										
Receipt For:	I	Year-to-Date V											
Primary General	Aggregate		-										
Other (specify)		333.36											
SUBTOTAL of Receipts This Page (option	al)		291.34										
TOTAL This Period (last page this line nu	mber only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a		-	1b		_	11c	12	<u> </u>				
	y information copied from such Reports and Statemer for commercial purposes, other than using the name							ро			soli							
<u> </u>	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Insura																	
A.	Full Name of Individual (Last, First, Middle Initial) or Zale, Thomas, D, ,	nization Name		Date of Receipt														
	Mailing Address 2818 E Menlo Blvd			Zip Code														
	City Sta Shorewood WI				Transaction ID : 2020041519414-395 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.			53211-2652		Amouni	. 01	-	acri	ne	JCe	ipt till		u I.00				
	Name of Employer (for Individual) NML		•	ion (for Individual) Estate		Memo Item												
	Receipt For: Aggruin Primary General Other (specify) ▼	egate	Yea	r-to-Date ▼ 1608.00														
B.	Full Name of Individual (Last, First, Middle Initial) or I Zale, Thomas, D, ,	Full O	rgar	nization Name		Date of	Re	ece	eipt									
	Mailing Address 2818 E Menlo Blvd		04 30 2020															
		StateZip CodeWI53211-2652							Transaction ID : 2020043019414-429 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.		201.00															
	Name of Employer (for Individual) NML		•	tion (for Individual) I Estate		Memo Item												
	Receipt For: Aggroup Primary General Other (specify) ▼	egate	Yea	r-to-Date ▼ 1608.00														
с.	Full Name of Individual (Last, First, Middle Initial) or I Zehner, Rick, T, ,	Full O	rgar	nization Name		Date of	Re	ece	eipt									
	Mailing Address 203 W Ravine Baye Rd					M M / D D / Y Y Y Y 04 15 2020												
	City Sta Bayside W			Zip Code 53217-1334	A	Transaction ID : 2020041519414-460 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.					,				y	47	7.00						
	Name of Employer (for Individual) NML	Occupation (for Individual) Vp Research & Special Projects								l								
	Receipt For: Agground Primary General Other (specify)	egate																
s	UBTOTAL of Receipts This Page (optional)			•••••				,			Ī	9	44	9.00				
Т	OTAL This Period (last page this line number only)							-				-						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a		-	11b 14	11c		12 16		17					
	ny information copied from such Reports and Sta for commercial purposes, other than using the n																		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	urance	С	ompany Federal PA	С														
A.	Full Name of Individual (Last, First, Middle Initia Zehner, Rick, T, ,	l) or Full O)rga	nization Name		Date of	of Re	ec	eipt										
	Mailing Address 203 W Ravine Baye Rd			1		м 04	л /	/	^D 30	/	Y 2	2020	Y						
	City Bayside	State WI		Zip Code 53217-1334					on ID : 2 Each Re				19						
	FEC ID number of contributing federal political committee.	С				<u> </u>		_	p=	- 1		47.	00						
	Name of Employer (for Individual) NML		•	tion (for Individual) earch & Special Projects		N	/lemo	0	Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 376.00															
B.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rga	nization Name		Date (of Re	ec	eipt										
	Mailing Address																		
	City	State	Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	C																	
	Name of Employer (for Individual)	Оссі	upa	tion (for Individual)			/lemo	0	Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼															
c.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rga	nization Name		Date	of Re	ec	eipt										
	Mailing Address					M	л /	/	D D	/	Y Y	ΥΥ	Y						
	City	State		Zip Code		Amoui	nt of	f E	Each R	eceipt	this	Period	_						
	FEC ID number of contributing federal political committee.	Occupation (for Individual)						Amount of Each Receipt this Period											
	Name of Employer (for Individual)																		
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼															
s	UBTOTAL of Receipts This Page (optional)							,		. ,		47.()0						
т	OTAL This Period (last page this line number on	lly)			•			_	р а . П		2	28463.	00						

SCHEDULE B (FEC Form 3X)		arata achadula(a)	-	INE NUMBER:	PAGE 88 OF 88											
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(chec	only one) 21b 22 28a 28b	23 26 27 28c 29 30b											
Any information copied from such Reports and State or for commercial purposes, other than using the na																
NAME OF COMMITTEE (In Full) The Northwestern Mutual Life Ins	urance C	ompany Fede	eral P	NC												
Full Name (Last, First, Middle Initial) A. US Bank				MM	Date of Disbursement											
	g Address 777 E.Wisconsin Ave.															
City Milwaukee Purpose of Disbursement	State WI	Zip Code 53202		FEC Ide	FEC Identification Number											
Service Charge Candidate Name			001 Catego Type	Trai	Transaction ID : 0D536B58BF Amount of Each Disbursement this Period											
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼	Type	Mer	250.04 Memo Item											
State: District: Full Name (Last, First, Middle Initial) B.				Disbursement												
Mailing Address				M = M	M = M / D = D / Y = Y = Y = Y											
City Purpose of Disbursement	State	Zip Code		FEC Ide	FEC Identification Number											
Candidate Name			Amount of Each Disbursement this Period													
Office Sought: House Disburst Senate President	ement For: Primary Other (spe	General cify)			Memo Item											
State: District: Full Name (Last, First, Middle Initial)	_															
C. Mailing Address				Date of	Date of Disbursement											
City	State	Zip Code	FEC Ide	FEC Identification Number												
Purpose of Disbursement	lidate Name Category/ Type															
Candidate Name																
Office Sought: House Disburst	ement For: Primary Other (spe	General														
State: District:				Mer	no Item											
SUBTOTAL of Disbursements This Page (optional)				_	250.04											
TOTAL This Period (last page this line number onl	y)			► L	200.04											