

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Loretta Mlekoday

Signature of Treasurer Electronically Filed by Loretta Mlekoday Date 07 16 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		183558.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	148817.51									
(c) Total Receipts (from Line 19)	29242.88	183832.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	178060.39	367390.86								
7. Total Disbursements (from Line 31)	41559.90	230890.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	136500.49	136500.49								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	24385.50	125853.50
(ii) Unitemized	4856.34	52972.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29241.84	178825.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29241.84	178825.54
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.04	7.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29242.88	183832.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29242.88	183832.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	59.90	390.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59.90	390.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	219000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	11500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41559.90	230890.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41559.90	230890.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29241.84	178825.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29241.84	178825.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59.90	390.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59.90	390.37

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Mark J Backe</p> <p>Mailing Address 4419 N Wildwood Avenue</p> <p>City State Zip Code Shorewood WI 53211-1408</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Asst Gc & Asst Sec</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 06 / 15 / 2010</p> <p>Transaction ID: 2010061119136-652</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark J Backe</p> <p>Mailing Address 4419 N Wildwood Avenue</p> <p>City State Zip Code Shorewood WI 53211-1408</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Asst Gc & Asst Sec</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: 201006281919-652</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Jerome R Baier</p> <p>Mailing Address 19820 Tralee Court</p> <p>City State Zip Code Brookfield WI 53045-2129</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation Managing Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 612.00</p>	<p>Date of Receipt 06 / 15 / 2010</p> <p>Transaction ID: 2010061119136-692</p> <p>Amount of Each Receipt this Period 51.00</p>
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SUBTOTAL of Receipts This Page (optional)	91.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 19820 Tralee Court

City State Zip Code
Brookfield WI 53045-2129

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation
Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-692

Amount of Each Receipt this Period 51.00

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

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation
Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-672

Amount of Each Receipt this Period 25.00

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

Mailing Address 8700 W Bennington Court

City State Zip Code
Mequon WI 53097-3440

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation
Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-672

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 101.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 116
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

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

Mailing Address 1671 Deer Springs Circle

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061519134-6

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 1671 Deer Springs Circle

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006301915-6

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 5413 Mount Corcoran Place

City Burke State VA Zip Code 22015-2188

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

Name of Employer NML Occupation VP Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-548

Amount of Each Receipt this Period
35.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 116
(check only one)

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

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

A.

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

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
Burke VA 22015-2188

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

Name of Employer NML Occupation VP Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-548

Amount of Each Receipt this Period
35.00

B.

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

Mailing Address 23300 Dover Line Road

City State Zip Code
Waterford WI 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-959

Amount of Each Receipt this Period
26.00

C.

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

Mailing Address 23300 Dover Line Road

City State Zip Code
Waterford WI 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-959

Amount of Each Receipt this Period
26.00

SUBTOTAL of Receipts This Page (optional) ► **87.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 116		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Mitchell C Beer		Date of Receipt
	Mailing Address 3387 Hampton Court		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Thousand Oaks	CA	91362-1130
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010061519134-42
Name of Employer NML		Occupation General Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="42.00"/>
		<input type="text" value="504.00"/>	

B.	Full Name (Last, First, Middle Initial) Mitchell C Beer		Date of Receipt
	Mailing Address 3387 Hampton Court		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Thousand Oaks	CA	91362-1130
	FEC ID number of contributing federal political committee. C		Transaction ID: 201006301915-42
Name of Employer NML		Occupation General Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="42.00"/>
		<input type="text" value="504.00"/>	

C.	Full Name (Last, First, Middle Initial) John P. Bender		Date of Receipt
	Mailing Address 116 Belden Hill Road		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wilton	CT	06897-2911
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010061519134-45
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="134.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 116

(check only one)

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

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

A.

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

Mailing Address 116 Belden Hill Road

City State Zip Code
Wilton CT 06897-2911

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

Name of Employer Occupation
Self-Employed General Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-45

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 4141 N Murray Avenue

City State Zip Code
Shorewood WI 53211-2011

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

Name of Employer Occupation
NML Asst Gc & Asst Sec

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

Date of Receipt

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

Transaction ID: 2010061119136-545

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 4141 N Murray Avenue

City State Zip Code
Shorewood WI 53211-2011

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

Name of Employer Occupation
NML Asst Gc & Asst Sec

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-545

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 116
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

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

Mailing Address 1140 Burnet Street

City State Zip Code
Brookfield WI 53005-6835

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-982

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 1140 Burnet Street

City State Zip Code
Brookfield WI 53005-6835

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-982

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 3520 Dumbarton Drive

City State Zip Code
Atlanta GA 30327-2614

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

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-38

Amount of Each Receipt this Period
42.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 116

(check only one)

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

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

A.

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

Mailing Address 3520 Dumbarton Drive

City Atlanta State GA Zip Code 30327-2614

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-38

Amount of Each Receipt this Period 42.00

B.

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

Mailing Address 5460 Chelsea Avenue

City La Jolla State CA Zip Code 92037-7607

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-18

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 5460 Chelsea Avenue

City La Jolla State CA Zip Code 92037-7607

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-18

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 92.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-70

Amount of Each Receipt this Period
42.00

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

Mailing Address 165 S Pine Court

City State Zip Code
Appleton WI 54914-8222

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-70

Amount of Each Receipt this Period
42.00

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

Mailing Address 8677 Alvarado Court

City State Zip Code
Inver Grove MN 55077-3121

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-20

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **292.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 116
(check only one)

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

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

A.

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

Mailing Address 8677 Alvarado Court

City State Zip Code
Inver Grove MN 55077-3121

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

Name of Employer Self-Employed Occupation
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-20

Amount of Each Receipt this Period
208.00

B.

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

Mailing Address 15375 Kata Drive

City State Zip Code
Elm Grove WI 53122-1028

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

Name of Employer NML Occupation
VP-Era

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-826

Amount of Each Receipt this Period
24.00

C.

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

Mailing Address 15375 Kata Drive

City State Zip Code
Elm Grove WI 53122-1028

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

Name of Employer NML Occupation
VP-Era

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-826

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional) ► 256.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 116

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Mark C Boyle		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 720 E Wisconsin Avenue		Transaction ID: 2010061119136-841		
	City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Mark C Boyle		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 720 E Wisconsin Avenue		Transaction ID: 201006281919-841		
	City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Jennifer L Brase		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 12877 N Cobblestone		Transaction ID: 2010061119136-861		
	City Mequon	State WI	Zip Code 53097-1812	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Rvp Fld Supv			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

SUBTOTAL of Receipts This Page (optional) ▶

70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 116
(check only one)

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

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

A.

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

Mailing Address 12877 N Cobblestone

City State Zip Code
Mequon WI 53097-1812

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-861

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Kristofer D Breitzman

Mailing Address W290 N3649 Tall Tree

City State Zip Code
Pewaukee WI 53072

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-944

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Kristofer D Breitzman

Mailing Address W290 N3649 Tall Tree

City State Zip Code
Pewaukee WI 53072

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-944

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 116

(check only one)

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

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

A.

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

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation
Special Agent

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

Date of Receipt

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

Transaction ID: 2010061519134-36

Amount of Each Receipt this Period

125.00

B.

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

Mailing Address 395 La Casa Viaduct

City State Zip Code
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation
Special Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-36

Amount of Each Receipt this Period

125.00

C.

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

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation
VP & CFO

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

Date of Receipt

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

Transaction ID: 2010061119136-964

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 116

(check only one)

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

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

A.

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

Mailing Address 7322 N Mohawk Road

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-964

Amount of Each Receipt this Period
75.00

B.

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

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation Special Agent

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061519134-52

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 317 Evening Star Lane

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer NML Occupation Special Agent

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006301915-52

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ▶

159.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 116
(check only one)

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

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

A.

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

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-51

Amount of Each Receipt this Period 125.00

B.

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

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-51

Amount of Each Receipt this Period 125.00

C.

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

Mailing Address N55 W21701 Adamdale

City Menomonee Fal State WI Zip Code 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 636.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061119136-693

Amount of Each Receipt this Period 53.00

SUBTOTAL of Receipts This Page (optional) ► 303.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 116
(check only one)

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

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

A.

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

Mailing Address N55 W21701 Adamdale

City State Zip Code
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 636.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-693

Amount of Each Receipt this Period
53.00

B.

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

Mailing Address 923 E Kilbourn

City State Zip Code
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-667

Amount of Each Receipt this Period
118.00

C.

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

Mailing Address 923 E Kilbourn

City State Zip Code
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-667

Amount of Each Receipt this Period
118.00

SUBTOTAL of Receipts This Page (optional) ► **289.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 116
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Richard M. Condrey		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 907 Williamson Drive		Transaction ID: 2010061519134-14		
	City Raleigh	State NC	Zip Code 27608-2307	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation General Insurance Agent		Aggregate Year-to-Date ▼ 2496.00	

B.	Full Name (Last, First, Middle Initial) Richard M. Condrey		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 907 Williamson Drive		Transaction ID: 201006301915-14		
	City Raleigh	State NC	Zip Code 27608-2307	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation General Insurance Agent		Aggregate Year-to-Date ▼ 2496.00	

C.	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 2961 Belclaire Drive		Transaction ID: 2010061519134-41		
	City Frisco	State TX	Zip Code 75034-5969	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation General Insurance Agent		Aggregate Year-to-Date ▼ 2496.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 2961 Belclaire Drive		Transaction ID: 201006301915-41
City Frisco	State TX	Zip Code 75034-5969
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 6251 S Billings Way		Transaction ID: 2010061519134-35
City Centennial	State CO	Zip Code 80111-6009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 6251 S Billings Way		Transaction ID: 201006301915-35
City Centennial	State CO	Zip Code 80111-6009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	308.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Jefferson V De Angelis		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 4449 Donges Bay Road		Transaction ID: 2010061119136-571
City Mequon	State WI	Zip Code 53092-4883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 169.00
Name of Employer NML	Occupation President Msa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2028.00	

B.

Full Name (Last, First, Middle Initial) Jefferson V De Angelis		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 4449 Donges Bay Road		Transaction ID: 201006281919-571
City Mequon	State WI	Zip Code 53092-4883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 169.00
Name of Employer NML	Occupation President Msa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2028.00	

C.

Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 5799 Sunset Lane		Transaction ID: 2010061519134-12
City Indianapolis	State IN	Zip Code 46228-1447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

SUBTOTAL of Receipts This Page (optional)	▶	546.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5799 Sunset Lane

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-12

Amount of Each Receipt this Period 208.00

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

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-8

Amount of Each Receipt this Period 25.00

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

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-8

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 258.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation EVP & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 2010061119136-840
Amount of Each Receipt this Period: 208.00

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

Mailing Address 8420 N Pelican Lane

City State Zip Code
River Hills WI 53217-2058

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

Name of Employer NML Occupation EVP & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 201006281919-840
Amount of Each Receipt this Period: 208.00

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

Mailing Address 9 Falcon Drive

City State Zip Code
Mandeville LA 70471-2952

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 2010061519134-39
Amount of Each Receipt this Period: 208.00

SUBTOTAL of Receipts This Page (optional) ▶ 624.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Steven Dugal		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 9 Falcon Drive		Transaction ID: 201006301915-39		
	City Mandeville	State LA	Zip Code 70471-2952	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

B.	Full Name (Last, First, Middle Initial) John E Dunn		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address N71W31034 Lower Club		Transaction ID: 2010061119136-621		
	City Hartland	State WI	Zip Code 53029-8716	Amount of Each Receipt this Period 37.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP & Ipas Cnsl			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 444.00			

C.	Full Name (Last, First, Middle Initial) John E Dunn		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address N71W31034 Lower Club		Transaction ID: 201006281919-621		
	City Hartland	State WI	Zip Code 53029-8716	Amount of Each Receipt this Period 37.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP & Ipas Cnsl			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 444.00			

SUBTOTAL of Receipts This Page (optional)	▶	282.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 116

(check only one)

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

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

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

A.

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

Mailing Address 2520 Hanford Lane

City State Zip Code
Aurora IL 60502-6969

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

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

Transaction ID: 2010061519134-43

Amount of Each Receipt this Period

150.00

B.

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

Mailing Address 2520 Hanford Lane

City State Zip Code
Aurora IL 60502-6969

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-43

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation
NML Director

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

Date of Receipt

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

Transaction ID: 2010061119136-879

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

338.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ralph David Ells

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-879

Amount of Each Receipt this Period
38.00

B.

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

Mailing Address 4807 Timberwood Court

City State Zip Code
West Des Moines IA 50265-5447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-29

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 4807 Timberwood Court

City State Zip Code
West Des Moines IA 50265-5447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-29

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **122.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John C. Ertz		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 18235 Shaker Boulevard		Transaction ID: 2010061519134-28		
	City Shaker Heights	State OH	Zip Code 44120-1754	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 840.00		
	Name of Employer Self-Employed Occupation General Insurance Agent		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) John C. Ertz		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 18235 Shaker Boulevard		Transaction ID: 201006301915-28		
	City Shaker Heights	State OH	Zip Code 44120-1754	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 840.00		
	Name of Employer Self-Employed Occupation General Insurance Agent		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Christina H Fiasca		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 9230 N Fairway Drive		Transaction ID: 2010061119136-907		
	City Bayside	State WI	Zip Code 53217-1317	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1020.00		
	Name of Employer NML Occupation Svp Agency Svcs		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 116
(check only one)

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

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

A.

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

Mailing Address 9230 N Fairway Drive

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-907

Amount of Each Receipt this Period
85.00

B.

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

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-32

Amount of Each Receipt this Period
208.00

C.

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

Mailing Address 1638 Del Dayo Drive

City State Zip Code
Carmichael CA 95608-6052

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-32

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **501.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 116
(check only one)

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

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

A.

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

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-53

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 115 Hillside Road

City State Zip Code
Mechanicsburg PA 17050-1728

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-53

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 2224 E 24th Street

City State Zip Code
Tulsa OK 74114-2912

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-55

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► 126.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2224 E 24th Street

City State Zip Code
Tulsa OK 74114-2912

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-55

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Robert T. Frieling

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-27

Amount of Each Receipt this Period
125.00

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

Mailing Address 5 Gennaro Circle

City State Zip Code
Wayland MA 01778-4436

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-27

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 292.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sheila M Gavin
Mailing Address 5735 N Crestwood Blv
City State Zip Code
Glendale WI 53209-4309
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Asst Gc & Asst Sec
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 324.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-1029
Amount of Each Receipt this Period 27.00

B. Full Name (Last, First, Middle Initial)
Sheila M Gavin
Mailing Address 5735 N Crestwood Blv
City State Zip Code
Glendale WI 53209-4309
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Asst Gc & Asst Sec
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 324.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-1029
Amount of Each Receipt this Period 27.00

C. Full Name (Last, First, Middle Initial)
Timothy J Gerend
Mailing Address 5421 N Idlewild Avenue
City State Zip Code
Whitefish Bay WI 53217-5331
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Field Comp & Plg
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-615
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 79.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 116
(check only one)

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

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

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

Mailing Address 5421 N Idlewild Avenue

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Field Comp & Plg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-615

Amount of Each Receipt this Period
25.00

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-25

Amount of Each Receipt this Period
125.00

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-25

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 116

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City State Zip Code
River Hills WI 53217

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

Name of Employer Occupation
NML VP Comm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 756.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-563

Amount of Each Receipt this Period
63.00

B.

Full Name (Last, First, Middle Initial)
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City State Zip Code
River Hills WI 53217

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

Name of Employer Occupation
NML VP Comm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 756.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-563

Amount of Each Receipt this Period
63.00

C.

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

Mailing Address 8042 Cheverny Drive

City State Zip Code
Mequon WI 53097-2532

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

Name of Employer Occupation
Self-Employed General Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061519134-37

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶

251.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Tom Goris, Jr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 8042 Cheverny Drive	Transaction ID: 201006301915-37
	City State Zip Code Mequon WI 53097-2532	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Karl G Gouverneur	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 12895 North Cobblestone	Transaction ID: 2010061119136-1091
	City State Zip Code Mequon WI 53097-1812	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP & Chief Tech Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Karl G Gouverneur	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 12895 North Cobblestone	Transaction ID: 201006281919-1091
	City State Zip Code Mequon WI 53097-1812	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP & Chief Tech Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 116
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) John M Grogan		Date of Receipt MM / DD / YYYY 06 / 15 / 2010	
Mailing Address 706 W Acacia Road		Transaction ID: 2010061119136-1005	
City Glendale	State WI	Zip Code 53217-4008	Amount of Each Receipt this Period 88.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Pres & CEO Wealth Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00		

B.

Full Name (Last, First, Middle Initial) John M Grogan		Date of Receipt MM / DD / YYYY 06 / 30 / 2010	
Mailing Address 706 W Acacia Road		Transaction ID: 201006281919-1005	
City Glendale	State WI	Zip Code 53217-4008	Amount of Each Receipt this Period 88.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Pres & CEO Wealth Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00		

C.

Full Name (Last, First, Middle Initial) Jon P. Gruenstern		Date of Receipt MM / DD / YYYY 06 / 15 / 2010	
Mailing Address 2155 Hickory Court		Transaction ID: 2010061519134-7	
City Oshkosh	State WI	Zip Code 54901-2581	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation General Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00		

SUBTOTAL of Receipts This Page (optional)	▶	218.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 116

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Jon P. Gruenstern

Mailing Address 2155 Hickory Court

City State Zip Code
Oshkosh WI 54901-2581

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

Name of Employer Occupation
Self-Employed General Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-7

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas C Guay

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code
Cedarburg WI 53012

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

Name of Employer Occupation
NML VP-New Business

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 648.00

Date of Receipt

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

Transaction ID: 2010061119136-636

Amount of Each Receipt this Period

54.00

C.

Full Name (Last, First, Middle Initial)

Thomas C Guay

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code
Cedarburg WI 53012

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

Name of Employer Occupation
NML VP-New Business

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 648.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-636

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 116
(check only one)

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

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

A.

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

Mailing Address 126 Waverly Circle

City State Zip Code
Phoenixville PA 19460-2500

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-50

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 126 Waverly Circle

City State Zip Code
Phoenixville PA 19460-2500

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-50

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 804 Montparnasse Place

City State Zip Code
Newtown Sq PA 19073-2623

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-26

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **209.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kevin J. Hassan
 Mailing Address 804 Montparnasse Place
 City State Zip Code
 Newtown Sq PA 19073-2623
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 0
Transaction ID: 201006301915-26
 Amount of Each Receipt this Period
 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

B. Full Name (Last, First, Middle Initial)
Mark J Heurung
 Mailing Address 18443 Melissa Circle
 City State Zip Code
 Eden Prairie MN 55347-1058
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 1 0
Transaction ID: 2010061519134-49
 Amount of Each Receipt this Period
 208.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Special Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

C. Full Name (Last, First, Middle Initial)
Mark J Heurung
 Mailing Address 18443 Melissa Circle
 City State Zip Code
 Eden Prairie MN 55347-1058
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 0
Transaction ID: 201006301915-49
 Amount of Each Receipt this Period
 208.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Special Agent
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary M Hewitt

Mailing Address 2045 Elm Tree Road

City State Zip Code
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-901

Amount of Each Receipt this Period
70.00

B. Full Name (Last, First, Middle Initial)
Gary M Hewitt

Mailing Address 2045 Elm Tree Road

City State Zip Code
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-901

Amount of Each Receipt this Period
70.00

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

Mailing Address 425 Lake Bluff Lane

City State Zip Code
Grafton WI 53024-9764

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-866

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional) ► **164.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael T Holloway
Mailing Address 425 Lake Bluff Lane
City Grafton State WI Zip Code 53024-9764
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-866
Amount of Each Receipt this Period 24.00

B. Full Name (Last, First, Middle Initial)
Steve H. Holter
Mailing Address 11390 N Creekside Court
City Mequon State WI Zip Code 53092-4377
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061519134-57
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Steve H. Holter
Mailing Address 11390 N Creekside Court
City Mequon State WI Zip Code 53092-4377
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-57
Amount of Each Receipt this Period 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Harry P. Hoopis

Mailing Address 1133 Elmtree Road

City State Zip Code
Lake Forest IL 60045-1413

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-1

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Harry P. Hoopis

Mailing Address 1133 Elmtree Road

City State Zip Code
Lake Forest IL 60045-1413

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-1

Amount of Each Receipt this Period
208.00

C.

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

Mailing Address 1701 E Westminster Lane

City State Zip Code
Spokane WA 99223-6712

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-15

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **466.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1701 E Westminster Lane

City State Zip Code
Spokane WA 99223-6712

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

Name of Employer Self-Employed Occupation
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: 201006301915-15

Amount of Each Receipt this Period
50.00

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

Mailing Address 5612 Enderly Road

City State Zip Code
Baltimore MD 21212-2939

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

Name of Employer NML Occupation
General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: 2010061519134-31

Amount of Each Receipt this Period
125.00

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

Mailing Address 5612 Enderly Road

City State Zip Code
Baltimore MD 21212-2939

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

Name of Employer NML Occupation
General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: 201006301915-31

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Nicholas E Jahnke

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061119136-931

Amount of Each Receipt this Period 76.00

B. Full Name (Last, First, Middle Initial)
Nicholas E Jahnke

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-931

Amount of Each Receipt this Period 76.00

C. Full Name (Last, First, Middle Initial)
Shawn F. Kelley

Mailing Address 16 Vintage Walk

City Cincinnati State OH Zip Code 45249-2101

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-66

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 194.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Shawn F. Kelley

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-66

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 5806 N Kent Avenue

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer NML
Occupation VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
732.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-607

Amount of Each Receipt this Period
61.00

C.

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

Mailing Address 5806 N Kent Avenue

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer NML
Occupation VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
732.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-607

Amount of Each Receipt this Period
61.00

SUBTOTAL of Receipts This Page (optional) ► **164.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 116
(check only one)

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

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

A.

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

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-64

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 8930 Dunn Court

City State Zip Code
Dublin OH 43017-8880

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-64

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 720 E Wisconsin Avenue

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation
NML Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-622

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **104.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 116
(check only one)

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

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

A.

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

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-622

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
William S. Koch

Mailing Address 4645 Swilcan Bridge Lane S

City Jacksonville State FL Zip Code 32224-5621

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-22

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
William S. Koch

Mailing Address 4645 Swilcan Bridge Lane S

City Jacksonville State FL Zip Code 32224-5621

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-22

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 220.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 116

(check only one)

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

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

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

A.

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

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer Occupation
NML VP Disability Income

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 696.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-1035

Amount of Each Receipt this Period

58.00

B.

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

Mailing Address 2522 W Daphne Road

City State Zip Code
Glendale WI 53209-3352

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

Name of Employer Occupation
NML VP Disability Income

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 696.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-1035

Amount of Each Receipt this Period

58.00

C.

Full Name (Last, First, Middle Initial)
Steven H. Kosnick

Mailing Address 5799 Windsona Circle

City State Zip Code
Fitchburg WI 53711-5839

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

Name of Employer Occupation
Self-Employed General Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061519134-17

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 116

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Steven H. Kosnick

Mailing Address 5799 Windsona Circle

City State Zip Code
Fitchburg WI 53711-5839

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

Name of Employer Occupation
Self-Employed General Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006301915-17

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Carol L Kracht

Mailing Address 449 E Cedar Lane

City State Zip Code
Mequon WI 53092-6102

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 384.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-965

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)
Carol L Kracht

Mailing Address 449 E Cedar Lane

City State Zip Code
Mequon WI 53092-6102

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 384.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-965

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

106.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 116
(check only one)

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

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

A.

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

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code
Naples FL 34109-7826

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-59

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code
Naples FL 34109-7826

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-59

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 2664 N Summit Avenue

City State Zip Code
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation
NML Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-595

Amount of Each Receipt this Period
33.00

SUBTOTAL of Receipts This Page (optional) ► **117.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2664 N Summit Avenue

City State Zip Code
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-595
Amount of Each Receipt this Period 33.00

B. Full Name (Last, First, Middle Initial)
Robert D. Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061519134-21
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Robert D. Lowrey

Mailing Address 1108 W Goldthread Circle

City State Zip Code
Sioux Falls SD 57108-2824

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-21
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 117.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey J Lueken
Mailing Address 1213 E Goodrich Lane
City State Zip Code
Fox Point WI 53217-2946
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Securities
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1596.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-892
Amount of Each Receipt this Period 133.00

B. Full Name (Last, First, Middle Initial)
Jeffrey J Lueken
Mailing Address 1213 E Goodrich Lane
City State Zip Code
Fox Point WI 53217-2946
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Securities
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1596.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-892
Amount of Each Receipt this Period 133.00

C. Full Name (Last, First, Middle Initial)
David C Magoon
Mailing Address N31 W23910 Old Farm
City State Zip Code
Pewaukee WI 53072
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation IS Cons
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-534
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 286.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David C Magoon

Mailing Address N31 W23910 Old Farm

City State Zip Code
Pewaukee WI 53072

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

Name of Employer NML Occupation IS Cons

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-534

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

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

Transaction ID: 2010061119136-525

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 5432 N Diversey

City State Zip Code
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-525

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶

320.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 116

(check only one)

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

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

A.

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

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer Occupation
NML Gen Cnsl & Sec

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

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

Transaction ID: 2010061119136-559

Amount of Each Receipt this Period
70.00

B.

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

Mailing Address 7236 N Crossway

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer Occupation
NML Gen Cnsl & Sec

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-559

Amount of Each Receipt this Period
70.00

C.

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

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer Occupation
NML Svp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 996.00

Date of Receipt

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

Transaction ID: 2010061119136-820

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ▶

223.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 116
(check only one)

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

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

A.

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

Mailing Address 809 E Lake Forest

City State Zip Code
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 996.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-820

Amount of Each Receipt this Period
83.00

B.

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

Mailing Address 11 Mountview Road

City State Zip Code
Wellesley MA 02481-2757

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-11

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 11 Mountview Road

City State Zip Code
Wellesley MA 02481-2757

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-11

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **483.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Roger M. Mc Queen

Mailing Address 5820 Twin Creek Road

City State Zip Code
Salt Lake City UT 84108-3605

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

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

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

Date of Receipt

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

Transaction ID: 2010061519134-9

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
Roger M. Mc Queen

Mailing Address 5820 Twin Creek Road

City State Zip Code
Salt Lake City UT 84108-3605

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-9

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
Brian W. McClure

Mailing Address 1402 Wyndemere Point Drive

City State Zip Code
Champaign IL 61822-3349

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

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

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

Date of Receipt

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

Transaction ID: 2010061519134-68

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brian W. McClure

Mailing Address 1402 Wyndemere Point Drive

City State Zip Code
Champaign IL 61822-3349

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-68

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 2571 N 86th Street

City State Zip Code
Wauwatosa WI 53226-1921

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

Name of Employer NML
Occupation VP Inv Adv Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-594

Amount of Each Receipt this Period
23.00

C.

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

Mailing Address 2571 N 86th Street

City State Zip Code
Wauwatosa WI 53226-1921

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

Name of Employer NML
Occupation VP Inv Adv Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-594

Amount of Each Receipt this Period
23.00

SUBTOTAL of Receipts This Page (optional) ► **88.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 116
(check only one)

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

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

A.

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

Mailing Address 205 E 4th Street

City State Zip Code
Hinsdale IL 60521-4603

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

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

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

Date of Receipt

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

Transaction ID: 2010061519134-16

Amount of Each Receipt this Period

208.00

B.

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

Mailing Address 205 E 4th Street

City State Zip Code
Hinsdale IL 60521-4603

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
Joseph F. Meier

Mailing Address 208 Long Acres Lane

City State Zip Code
Oviedo FL 32765-7843

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

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

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

Date of Receipt

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

Transaction ID: 2010061519134-19

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joseph F. Meier

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006301915-19

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Robert G Meilander

Mailing Address 6900 N Glen Shore Drive

City Glendale State WI Zip Code 53209-2819

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

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-551

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Robert G Meilander

Mailing Address 6900 N Glen Shore Drive

City Glendale State WI Zip Code 53209-2819

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

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-551

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **102.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 116
(check only one)

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

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

A.

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

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-5

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code
Bainbridge Island WA 98110-1158

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-5

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 34 Storyteller Court

City State Zip Code
Sandia Park NM 87047-8542

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-62

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► 292.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 116
(check only one)

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

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

A.

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

Mailing Address 34 Storyteller Court

City Sandia Park State NM Zip Code 87047-8542

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-62

Amount of Each Receipt this Period 42.00

B.

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

Mailing Address 214 Schenley Road

City Pittsburgh State PA Zip Code 15217-1171

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-48

Amount of Each Receipt this Period 208.00

C.

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

Mailing Address 214 Schenley Road

City Pittsburgh State PA Zip Code 15217-1171

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-48

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► 458.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 116
(check only one)

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

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

A.

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

Mailing Address 378 Juniper Court

City State Zip Code
Grafton WI 53024-2270

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-591

Amount of Each Receipt this Period
22.00

B.

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

Mailing Address 378 Juniper Court

City State Zip Code
Grafton WI 53024-2270

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-591

Amount of Each Receipt this Period
22.00

C.

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

Mailing Address 5275 N Lake Drive

City State Zip Code
Whitefish Bay WI 53217-5371

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

Name of Employer NML Occupation Dir Prd Dev & Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-599

Amount of Each Receipt this Period
18.00

SUBTOTAL of Receipts This Page (optional) ► **62.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 116
(check only one)

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

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

A.

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

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-69

Amount of Each Receipt this Period
208.00

B.

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

Mailing Address 22 Maple Avenue

City State Zip Code
Larchmont NY 10538-4041

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-69

Amount of Each Receipt this Period
208.00

C.

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

Mailing Address 1140 Lone Tree Road

City State Zip Code
Elm Grove WI 53122-2019

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

Name of Employer NML Occupation
NML Dir Corp Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-1081

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ **436.00**

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

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

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

FOR LINE NUMBER: PAGE 66 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeremy D Newman
Mailing Address 1140 Lone Tree Road
City Elm Grove State WI Zip Code 53122-2019
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Corp Offices
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-1081
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
William H Norton
Mailing Address 10145 Wavell Road
City Fairfax State VA Zip Code 22032-2337
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Regional Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-523
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
William H Norton
Mailing Address 10145 Wavell Road
City Fairfax State VA Zip Code 22032-2337
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Regional Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-523
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 120.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 67 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Daniel J O Meara

Mailing Address W70 N385 Fox Pointe

City State Zip Code
Cedarburg WI 53012

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

Name of Employer NML Occupation VP Agency Dev & Prgrms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-708

Amount of Each Receipt this Period 27.00

B. Full Name (Last, First, Middle Initial)
Daniel J O Meara

Mailing Address W70 N385 Fox Pointe

City State Zip Code
Cedarburg WI 53012

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

Name of Employer NML Occupation VP Agency Dev & Prgrms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-708

Amount of Each Receipt this Period 27.00

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

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

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

Name of Employer NML Occupation EVP Ins & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-579

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► 262.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4746 N Cumberland Bl

City State Zip Code
Whitefish Bay WI 53211-1147

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

Name of Employer NML Occupation EVP Ins & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-579

Amount of Each Receipt this Period
208.00

B. Full Name (Last, First, Middle Initial)
Eric S. Olson

Mailing Address 127 Fairmount Road

City State Zip Code
Ridgewood NJ 07450-1422

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-54

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Eric S. Olson

Mailing Address 127 Fairmount Road

City State Zip Code
Ridgewood NJ 07450-1422

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-54

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► 292.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 116
(check only one)

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

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

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

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

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

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 2010061119136-737
Amount of Each Receipt this Period: 52.00

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

Mailing Address S63W16495 College Avenue

City State Zip Code
Muskego WI 53150-8303

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

Name of Employer NML Occupation VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 201006281919-737
Amount of Each Receipt this Period: 52.00

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

Mailing Address 4832 N Shoreland Avenue

City State Zip Code
Whitefish Bay WI 53217-5821

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

Name of Employer NML Occupation VP Facility Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 2010061119136-848
Amount of Each Receipt this Period: 22.00

SUBTOTAL of Receipts This Page (optional) ► 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Christen L Partleton	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4832 N Shoreland Avenue	Transaction ID: 201006281919-848
	City State Zip Code Whitefish Bay WI 53217-5821	Amount of Each Receipt this Period 22.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Facility Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 264.00	

B.	Full Name (Last, First, Middle Initial) Harvey W Pogoriler	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 9185 N Rexleigh Drive	Transaction ID: 2010061119136-1042
	City State Zip Code Bayside WI 53217-1869	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Asst Gc & Asst Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 288.00	

C.	Full Name (Last, First, Middle Initial) Harvey W Pogoriler	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 9185 N Rexleigh Drive	Transaction ID: 201006281919-1042
	City State Zip Code Bayside WI 53217-1869	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Asst Gc & Asst Sec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 288.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 116
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gary A Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-529
 Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Gary A Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-529
 Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Michael E Pritzl

Mailing Address 572 Cottonwood Lane

City Grafton State WI Zip Code 53024-9591

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

Name of Employer NML Occupation VP Agency Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-953
 Amount of Each Receipt this Period 17.00

SUBTOTAL of Receipts This Page (optional) ▶ 433.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Charles R. Pruett
Mailing Address 224 Ensworth Place
City Nashville State TN Zip Code 37205-1922
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061519134-58
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Charles R. Pruett
Mailing Address 224 Ensworth Place
City Nashville State TN Zip Code 37205-1922
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-58
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
John M. Qualy
Mailing Address 13 Brentmoor Park
City Clayton State MO Zip Code 63105-3067
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061519134-2
Amount of Each Receipt this Period 208.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 116
(check only one)

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

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

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

A.

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

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-2

Amount of Each Receipt this Period 208.00

B.

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

Mailing Address 2302 Court North Drive

City Melville State NY Zip Code 11747-8122

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-34

Amount of Each Receipt this Period 42.00

C.

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

Mailing Address 2302 Court North Drive

City Melville State NY Zip Code 11747-8122

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-34

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ▶ 292.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Steven M Radke
Mailing Address 9600 N Crestwood Court
City State Zip Code
Mequon WI 53092-5355
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Leg & Reg Relations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-813
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Steven M Radke
Mailing Address 9600 N Crestwood Court
City State Zip Code
Mequon WI 53092-5355
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Leg & Reg Relations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-813
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Randal W Ralph
Mailing Address 3616 Turnberry Drive
City State Zip Code
Mequon WI 53092-6307
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Managing Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-1039
Amount of Each Receipt this Period 17.50

SUBTOTAL of Receipts This Page (optional) ► 77.50
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 75 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-67

Amount of Each Receipt this Period
100.00

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

Mailing Address 7 Williamsburg Lane

City State Zip Code
Houston TX 77024-5144

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-67

Amount of Each Receipt this Period
100.00

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

Mailing Address 2634 N Lake Drive

City State Zip Code
Milwaukee WI 53211-3837

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

Name of Employer NML Occupation
NML VP & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 708.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-741

Amount of Each Receipt this Period
59.00

SUBTOTAL of Receipts This Page (optional) ► 259.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David R Remstad
Mailing Address 2634 N Lake Drive
City Milwaukee State WI Zip Code 53211-3837
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 708.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-741
Amount of Each Receipt this Period 59.00

B. Full Name (Last, First, Middle Initial)
Peter K Richardson
Mailing Address 720 E Green Tree Road
City Fox Point State WI Zip Code 53217-3615
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Asst Gc & Asst Sec
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-505
Amount of Each Receipt this Period 17.00

C. Full Name (Last, First, Middle Initial)
Daniel A Riedl
Mailing Address 6604 Cedar Street
City Wauwatosa State WI Zip Code 53213-3252
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Dist Pol & Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-661
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 101.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel A Riedl

Mailing Address 6604 Cedar Street

City State Zip Code
Wauwatosa WI 53213-3252

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Dist Pol & Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-661

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Marcia Rimai

Mailing Address 4100 N Lake Drive

City State Zip Code
Shorewood WI 53211-1719

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation EVP & Chief Admin Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-619

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Marcia Rimai

Mailing Address 4100 N Lake Drive

City State Zip Code
Shorewood WI 53211-1719

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation EVP & Chief Admin Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-619

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) 441.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John D. Rivers, Jr.
Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061519134-33
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
John D. Rivers, Jr.
Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-33
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Bethany M Rodenhuis
Mailing Address 3900 N Lake Drive

City Shorewood State WI Zip Code 53211-2448

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

Name of Employer NML Occupation VP Corp Plng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-620
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 310.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 116
(check only one)

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

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

A.

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

Mailing Address 3900 N Lake Drive

City Shorewood State WI Zip Code 53211-2448

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

Name of Employer NML Occupation VP Corp Plng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-620

Amount of Each Receipt this Period 60.00

B.

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

Mailing Address N99 W14710 Amber Drive

City Germantown State WI Zip Code 53022

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061119136-799

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address N99 W14710 Amber Drive

City Germantown State WI Zip Code 53022

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-799

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Matt Russo		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 139 Deep Valley Road		Transaction ID: 2010061519134-61
City New Canaan	State CT	Zip Code 06840-2804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B.

Full Name (Last, First, Middle Initial) Matt Russo		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 139 Deep Valley Road		Transaction ID: 201006301915-61
City New Canaan	State CT	Zip Code 06840-2804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C.

Full Name (Last, First, Middle Initial) R. P. Sarnecki		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 16004 King Street		Transaction ID: 2010061519134-44
City Overland Park	State KS	Zip Code 66062-7508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	516.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 81 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
R. P. Sarnecki

Mailing Address 16004 King Street

City State Zip Code
Overland Park KS 66062-7508

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-44

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Joseph M. Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-4

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Joseph M. Savino

Mailing Address 8 Benedek Road

City State Zip Code
Princeton NJ 08540-2227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-4

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶ **516.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 116
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Timothy G Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

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

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-847

Amount of Each Receipt this Period
70.00

B.

Full Name (Last, First, Middle Initial)
Timothy G Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code
Whitefish Bay WI 53217-5381

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

Name of Employer NML Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-847

Amount of Each Receipt this Period
70.00

C.

Full Name (Last, First, Middle Initial)
John E Schlifske

Mailing Address 1500 Greenway Terrace

City State Zip Code
Elm Grove WI 53122-1611

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

Name of Employer NML Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-756

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **348.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1500 Greenway Terrace

City Elm Grove State WI Zip Code 53122-1611

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

Name of Employer NML Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-756
Amount of Each Receipt this Period 208.00

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

Mailing Address W73N412 Greystone Drive

City Cedarburg State WI Zip Code 53012-2281

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

Name of Employer NML Occupation Dir Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-958
Amount of Each Receipt this Period 24.00

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

Mailing Address W73N412 Greystone Drive

City Cedarburg State WI Zip Code 53012-2281

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

Name of Employer NML Occupation Dir Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-958
Amount of Each Receipt this Period 24.00

SUBTOTAL of Receipts This Page (optional) ► 256.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Kathleen H Schluter
Mailing Address 5057 N Palisades Road
City State Zip Code
Whitefish Bay WI 53217-5756
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Tax Cnsl
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 372.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-758
Amount of Each Receipt this Period 31.00

B. Full Name (Last, First, Middle Initial)
Kathleen H Schluter
Mailing Address 5057 N Palisades Road
City State Zip Code
Whitefish Bay WI 53217-5756
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Tax Cnsl
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 372.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-758
Amount of Each Receipt this Period 31.00

C. Full Name (Last, First, Middle Initial)
Calvin R Schmidt
Mailing Address W205 Allen Road
City State Zip Code
Oconomowoc WI 53066-9048
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Inv Prod Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 684.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-784
Amount of Each Receipt this Period 57.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address W205 Allen Road

City Oconomowoc State WI Zip Code 53066-9048

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-784

Amount of Each Receipt this Period 57.00

B. Full Name (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City Bayside State WI Zip Code 53217

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061119136-520

Amount of Each Receipt this Period 27.00

C. Full Name (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City Bayside State WI Zip Code 53217

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-520

Amount of Each Receipt this Period 27.00

SUBTOTAL of Receipts This Page (optional) 111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 116

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Todd M Schoon

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Sr VP Agencies

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-1062

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Todd M Schoon

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Sr VP Agencies

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-1062

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Brad P. Seitzinger

Mailing Address 1672 Chieftan Circle

City State Zip Code
Oxford MI 48371-6095

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 624.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061519134-47

Amount of Each Receipt this Period
52.00

SUBTOTAL of Receipts This Page (optional) ▶

468.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brad P. Seitzinger

Mailing Address 1672 Chieftan Circle

City	State	Zip Code
Oxford	MI	48371-6095

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-47

Amount of Each Receipt this Period
52.00

B.

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

Mailing Address 311 E Erie Street Unit 4

City	State	Zip Code
Milwaukee	WI	53202-6040

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

Name of Employer NML	Occupation VP Life Products
-------------------------	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00
---	------------------------------------

Date of Receipt

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

Transaction ID: 2010061119136-1051

Amount of Each Receipt this Period
35.00

C.

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

Mailing Address 311 E Erie Street Unit 4

City	State	Zip Code
Milwaukee	WI	53202-6040

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

Name of Employer NML	Occupation VP Life Products
-------------------------	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-1051

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶

122.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 116

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Paul W Skalecki

Mailing Address W69N463 Fox Pointe A

City State Zip Code
Cedarburg WI 53012

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

Name of Employer Occupation
NML VP Uw Standards

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

Date of Receipt

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

Transaction ID: 2010061119136-869

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Paul W Skalecki

Mailing Address W69N463 Fox Pointe A

City State Zip Code
Cedarburg WI 53012

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

Name of Employer Occupation
NML VP Uw Standards

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-869

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Mark W Smith

Mailing Address 614 Park Crest Drive

City State Zip Code
Thiensville WI 53092-1423

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

Name of Employer Occupation
NML Asst Gc & Asst Sec

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

Date of Receipt

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

Transaction ID: 2010061119136-871

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark W Smith

Mailing Address 614 Park Crest Drive

City State Zip Code
Thiensville WI 53092-1423

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

Name of Employer Occupation
NML Asst Gc & Asst Sec

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006281919-871

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address 305 Waterbury Cove

City State Zip Code
Jackson MS 39232-8692

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

Name of Employer Occupation
Self-Employed General Insurance Agent

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

Date of Receipt

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

Transaction ID: 2010061519134-10

Amount of Each Receipt this Period

42.00

C.

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

Mailing Address 305 Waterbury Cove

City State Zip Code
Jackson MS 39232-8692

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

Name of Employer Occupation
Self-Employed General Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-10

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) ►

109.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Paul J Steffen
Mailing Address 10502 N Stone Creek
City State Zip Code
Mequon WI 53092-5463
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Agencies
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-521
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Paul J Steffen
Mailing Address 10502 N Stone Creek
City State Zip Code
Mequon WI 53092-5463
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Agencies
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-521
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Jason Steigman
Mailing Address 2301 E Newton Avenue
City State Zip Code
Shorewood WI 53211-2617
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-601
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 130.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Jason Steigman		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 2301 E Newton Avenue		Transaction ID: 201006281919-601		
	City Shorewood	State WI	Zip Code 53211-2617	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

B.	Full Name (Last, First, Middle Initial) David G Stoeffel		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 6311 N Lake Drive		Transaction ID: 2010061119136-872		
	City Whitefish Bay	State WI	Zip Code 53217-4343	Amount of Each Receipt this Period 29.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Invest Prod Ln			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 348.00			

C.	Full Name (Last, First, Middle Initial) David G Stoeffel		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 6311 N Lake Drive		Transaction ID: 201006281919-872		
	City Whitefish Bay	State WI	Zip Code 53217-4343	Amount of Each Receipt this Period 29.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Invest Prod Ln			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 348.00			

SUBTOTAL of Receipts This Page (optional)	▶	88.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 116
(check only one)

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

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

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

A.

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

Mailing Address 9086 N Tennyson Drive

City Bayside State WI Zip Code 53217-1967

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061119136-1049

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 9086 N Tennyson Drive

City Bayside State WI Zip Code 53217-1967

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-1049

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 7410 N Range Line Road

City Glendale State WI Zip Code 53209-2028

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

Name of Employer NML Occupation Sr Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006281919-757

Amount of Each Receipt this Period 18.00

SUBTOTAL of Receipts This Page (optional) ► 68.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 150 Fernwood Drive

City East Greenwich State RI Zip Code 02818-1616

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-63

Amount of Each Receipt this Period 42.00

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

Mailing Address 150 Fernwood Drive

City East Greenwich State RI Zip Code 02818-1616

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-63

Amount of Each Receipt this Period 42.00

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

Mailing Address 4733 N Cumberland Bl

City Whitefish Bay State WI Zip Code 53211-1140

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

Name of Employer NML Occupation VP Info Risk Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061119136-818

Amount of Each Receipt this Period 28.00

SUBTOTAL of Receipts This Page (optional) ► **112.00**

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

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

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

FOR LINE NUMBER: PAGE 94 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rachel L Taknint
Mailing Address 4733 N Cumberland Bl
City State Zip Code
Whitefish Bay WI 53211-1140
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Info Risk Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-818
Amount of Each Receipt this Period 28.00

B. Full Name (Last, First, Middle Initial)
Joe P. Teague
Mailing Address 2613 N Dundee Street
City State Zip Code
Tampa FL 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061519134-13
Amount of Each Receipt this Period 70.00

C. Full Name (Last, First, Middle Initial)
Joe P. Teague
Mailing Address 2613 N Dundee Street
City State Zip Code
Tampa FL 33629-7516
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-13
Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► 168.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 95 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael F. Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-30

Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Michael F. Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 201006301915-30

Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City Castle Rock State CO Zip Code 80108-9148

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

Name of Employer NML Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 2010061519134-40

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► 292.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code
Castle Rock CO 80108-9148

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

Name of Employer NML Occupation Special Agent

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: 201006301915-40

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
Douglas D Timmer

Mailing Address 633 W McIntosh Lane

City State Zip Code
Mequon WI 53092-6022

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: 201006281919-983

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)
Alessandro J. Tronco

Mailing Address 5 N Point Drive

City State Zip Code
Cohoes NY 12047-3823

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

Name of Employer Self-Employed Occupation General Insurance Agent

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

Date of Receipt

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

Transaction ID: 2010061519134-65

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) ▶

267.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Alessandro J. Tronco

Mailing Address 5 N Point Drive

City State Zip Code
Cohoes NY 12047-3823

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

Name of Employer Self-Employed
Occupation
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-65

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Chris G Trost

Mailing Address 1218 E Olive Street

City State Zip Code
Shorewood WI 53211-1825

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

Name of Employer NML
Occupation
Sr Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-600

Amount of Each Receipt this Period
18.00

C.

Full Name (Last, First, Middle Initial)
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code
Mc Lean VA 22102-1402

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

Name of Employer Self-Employed
Occupation
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-56

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 116
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code
Mc Lean VA 22102-1402

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

Name of Employer Self-Employed Occupation
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006301915-56

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Sean P Twohig

Mailing Address 762 Country Club Lane

City State Zip Code
Fond Du Lac WI 54935-8313

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

Name of Employer NML Occupation
Director li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-1023

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Sean P Twohig

Mailing Address 762 Country Club Lane

City State Zip Code
Fond Du Lac WI 54935-8313

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

Name of Employer NML Occupation
Director li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-1023

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 116

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Patricia L Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code
Whitefish Bay WI 53211-1252

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

Name of Employer NML Occupation VP Public Equities

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 744.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061119136-609

Amount of Each Receipt this Period

62.00

B.

Full Name (Last, First, Middle Initial)
Patricia L Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code
Whitefish Bay WI 53211-1252

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

Name of Employer NML Occupation VP Public Equities

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 744.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 201006281919-609

Amount of Each Receipt this Period

62.00

C.

Full Name (Last, First, Middle Initial)
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 2010061519134-24

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

224.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Robert J. Waltos, Jr.
Mailing Address 7 Castaways N
City Newport Beach State CA Zip Code 92660-8403
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-24
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
P. Andrew Ware
Mailing Address 7900 N Berwyn Avenue
City Glendale State WI Zip Code 53209-1810
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Actuary
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-502
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
P. Andrew Ware
Mailing Address 7900 N Berwyn Avenue
City Glendale State WI Zip Code 53209-1810
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Actuary
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-502
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 160.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 116
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Alison F Watson

Mailing Address 629 Constitution Avenue

City Washington State DC Zip Code 20002-6086

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Fed Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-1030
 Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Alison F Watson

Mailing Address 629 Constitution Avenue

City Washington State DC Zip Code 20002-6086

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Fed Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-1030
 Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey B Williams

Mailing Address 2004 N 72nd Street

City Wauwatosa State WI Zip Code 53213-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-568
 Amount of Each Receipt this Period 24.00

SUBTOTAL of Receipts This Page (optional) ► 124.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey B Williams

Mailing Address 2004 N 72nd Street

City State Zip Code
Wauwatosa WI 53213-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-568

Amount of Each Receipt this Period
24.00

B. Full Name (Last, First, Middle Initial)
Brian D Wilson

Mailing Address 11128 N Whilton Road

City State Zip Code
Mequon WI 53097-3439

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Ips Mkt & Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-1071

Amount of Each Receipt this Period
19.00

C. Full Name (Last, First, Middle Initial)
Brian D Wilson

Mailing Address 11128 N Whilton Road

City State Zip Code
Mequon WI 53097-3439

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Ips Mkt & Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-1071

Amount of Each Receipt this Period
19.00

SUBTOTAL of Receipts This Page (optional) ► 62.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 116
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) James R. Worrell		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 2218 Hopedale Avenue		Transaction ID: 2010061519134-3		
	City Charlotte	State NC	Zip Code 28207-2130	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

B.	Full Name (Last, First, Middle Initial) James R. Worrell		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 2218 Hopedale Avenue		Transaction ID: 201006301915-3		
	City Charlotte	State NC	Zip Code 28207-2130	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00			

C.	Full Name (Last, First, Middle Initial) John W. Wright, II		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 4463 Jett Road Northwest		Transaction ID: 2010061519134-46		
	City Atlanta	State GA	Zip Code 30327-3563	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

SUBTOTAL of Receipts This Page (optional) ▶

516.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
John W. Wright, II

Mailing Address 4463 Jett Road Northwest

City Atlanta State GA Zip Code 30327-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-46
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Conrad C York

Mailing Address 522 Heather Lane

City Wales State WI Zip Code 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-762
Amount of Each Receipt this Period 55.00

C. Full Name (Last, First, Middle Initial)
Conrad C York

Mailing Address 522 Heather Lane

City Wales State WI Zip Code 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-762
Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional) ► 210.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Catherine M Young
Mailing Address 929 N Astor Street Unit
City Milwaukee State WI Zip Code 53202-7000
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Asst Gc & Asst Sec
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-1085
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Catherine M Young
Mailing Address 929 N Astor Street Unit
City Milwaukee State WI Zip Code 53202-7000
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Asst Gc & Asst Sec
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-1085
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
T. Scott Zach
Mailing Address 6630 County Creek Lane
City Cedar Rapids State IA Zip Code 52403-7023
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00
Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061519134-60
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 82.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
T. Scott Zach

Mailing Address 6630 County Creek Lane

City Cedar Rapids State IA Zip Code 52403-7023

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006301915-60
 Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Thomas D Zale

Mailing Address 2818 E Menlo Boulevard

City Shorewood State WI Zip Code 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 2010061119136-789
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Thomas D Zale

Mailing Address 2818 E Menlo Boulevard

City Shorewood State WI Zip Code 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 201006281919-789
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 142.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 116
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Diana M Zawada

Mailing Address N1 W311143 Wildwood

City State Zip Code
Delafield WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Fac Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-764

Amount of Each Receipt this Period
17.00

B.

Full Name (Last, First, Middle Initial)
Rick T Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-966

Amount of Each Receipt this Period
31.00

C.

Full Name (Last, First, Middle Initial)
Rick T Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Dist Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-966

Amount of Each Receipt this Period
31.00

SUBTOTAL of Receipts This Page (optional) ► 79.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code
River Hills WI 53217-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061119136-998

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code
River Hills WI 53217-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 201006281919-998

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City State Zip Code
Avon CT 06001-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 2010061519134-23

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **624.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 116
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City Avon State CT Zip Code 06001-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 0

Transaction ID: 201006301915-23

Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)	▶	208.00
TOTAL This Period (last page this line number only)	▶	24385.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 / 116

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement

Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 919DCE577F96BDCF0EE

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

59.90

SUBTOTAL of Disbursements This Page (optional)

59.90

TOTAL This Period (last page this line number only)

59.90

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael N. Castle <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8688C064629B2B48CB7 Date of Disbursement 06 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/ Type 011		
	B. Full Name (Last, First, Middle Initial) Citizens for Altmire <hr/> Mailing Address PO Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement 2010 General Candidate Name Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C4DD4532C11F4AEB6E Date of Disbursement 06 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type 011	
		C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee <hr/> Mailing Address 120 Maryland Ave NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Democratic Senatorial Campaign Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 95BA65B50EEB29FE579 Date of Disbursement 06 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 7500.00 <hr/> Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 112 / 116

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Friends of Kent Conrad <hr/> Mailing Address PO Box 812 <hr/> City Bismarck State ND Zip Code 58502 <hr/> Purpose of Disbursement 2012 General Candidate Name Kent Conrad <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33EB5FB96FFE47E261B Date of Disbursement 06 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2010 General Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E3EF2BFC67E53BEC3E1 Date of Disbursement 06 / 15 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Campbell for Congress <hr/> Mailing Address 4590 Macarthur Boulevard Suite 500 <hr/> City Newport Beach State CA Zip Code 92660 <hr/> Purpose of Disbursement 2010 General Candidate Name John B. T. Campbell, III <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2C7D435C8A49F4C4D5A Date of Disbursement 06 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) John Lewis for Congress <hr/> Mailing Address PO Box 2323 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John R. Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AE35ADF10D5B13BB8A5 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kagen 4 Congress <hr/> Mailing Address 100 W. College Ave. 50 D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement 2010 General Candidate Name Steven L. Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D685155A1474EBD4904 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kagen 4 Congress <hr/> Mailing Address 100 W. College Ave. 50 D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement 2010 General Candidate Name Steven L. Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D9AF13EA9E4E08BAF60 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 / 116

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress</p> <p>Mailing Address PO Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 22</p>	<p>Transaction ID: 9DA0D5816BC8CAC9B54</p> <p>Date of Disbursement 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Klein for Congress</p> <p>Mailing Address 21301 Powerline Road, Suite 204</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 22</p>	<p>Transaction ID: A7B7EC5C3272F6DCB9B</p> <p>Date of Disbursement 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lance for Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 07</p>	<p>Transaction ID: BC4A50076FE15FADF96</p> <p>Date of Disbursement 06 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 18263BA5DA8401661B4</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 7500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Oliverio for Congress</p> <p>Mailing Address 1199 Van Voorhis Rd Suite 6</p> <p>City Morgantown State WV Zip Code 26505</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Michael A. Oliverio, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: D551AFEF304F9FA75FE</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Pioneer Political Action Committee</p> <p>Mailing Address 701 8th Street, NW Suite 500</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Pioneer Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: CB5DE4399AF69A97B84</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

17500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Scott Garrett for Congress <hr/> Mailing Address PO Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement 2010 Primary Candidate Name E. Scott Garrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9C4BCE0F6C823F70101 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Stivers for Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement 2010 General Candidate Name Steve Stivers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5347A398B5E3C9A1F41 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Yoder for Congress <hr/> Mailing Address PO Box 26742 <hr/> City Overland Park State KS Zip Code 66225 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Kevin W. Yoder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9F53C0866F8D2357397 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	41500.00