

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		139753.89
(b) Cash on Hand at Beginning of Reporting Period.....	74988.72	
(c) Total Receipts (from Line 19)	37570.88	230241.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	112559.60	369995.07
7. Total Disbursements (from Line 31).....	35226.21	292661.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	77333.39	77333.39
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27643.66	199726.79
(ii) Unitemized	4927.22	25010.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32570.88	224737.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	32570.88	224737.16
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	4.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37570.88	230241.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37570.88	230241.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	226.21	1661.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	226.21	1661.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	286000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35226.21	292661.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35226.21	292661.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32570.88	224737.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32570.88	224737.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	226.21	1661.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	226.21	1661.68

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

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

FOR LINE NUMBER: PAGE 6 OF 126
(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. Mark J. Backe
 Full Name (Last, First, Middle Initial)
 Mailing Address 4419 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ins & Ops Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-670
 Amount of Each Receipt this Period 22.00

B. Mark J. Backe
 Full Name (Last, First, Middle Initial)
 Mailing Address 4419 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ins & Ops Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-669
 Amount of Each Receipt this Period 22.00

C. David A. Barras
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 W Bennington Ct
 City Mequon State WI Zip Code 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 ▼ 268.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-688
 Amount of Each Receipt this Period 20.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 126
(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. David A. Barras
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 W Bennington Ct
 City Mequon State WI Zip Code 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 ▼ 268.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-687
 Amount of Each Receipt this Period 200.00

B. Rebekah B. Barsch
 Full Name (Last, First, Middle Initial)
 Mailing Address N46W5455 Spring Ct
 City Cedarburg State WI Zip Code 53012-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Planning & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-817
 Amount of Each Receipt this Period 40.00

C. Rebekah B. Barsch
 Full Name (Last, First, Middle Initial)
 Mailing Address N46W5455 Spring Ct
 City Cedarburg State WI Zip Code 53012-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Planning & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-816
 Amount of Each Receipt this Period 40.00

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: (check only one)	PAGE 8 OF 126
	<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. Douglas P. Bates
 Full Name (Last, First, Middle Initial)
 Mailing Address 5413 Mount Corcoran PI
 City State Zip Code
 Burke VA 22015-2188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Federal Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-562
 Amount of Each Receipt this Period
 55.00

B. Douglas P. Bates
 Full Name (Last, First, Middle Initial)
 Mailing Address 5413 Mount Corcoran PI
 City State Zip Code
 Burke VA 22015-2188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Federal Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-561
 Amount of Each Receipt this Period
 55.00

C. Blaise C. Beaulier
 Full Name (Last, First, Middle Initial)
 Mailing Address 23300 Dover Line Rd
 City State Zip Code
 Waterford WI 53185-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Ent Projects & Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 518.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-968
 Amount of Each Receipt this Period
 43.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 126
(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. Blaise C. Beaulier
 Full Name (Last, First, Middle Initial)
 Mailing Address 23300 Dover Line Rd
 City Waterford State WI Zip Code 53185-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ent Projects & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-967
 Amount of Each Receipt this Period
 43.00

B. Mitchell C. Beer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-33
 Amount of Each Receipt this Period
 125.00

c. Mitchell C. Beer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-33
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 293.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 126
(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. J. Philip Bender
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Belden Hill Rd
 City Wilton State CT Zip Code 06897-2911
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-36
 Amount of Each Receipt this Period
 50.00

B. J. Philip Bender
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Belden Hill Rd
 City Wilton State CT Zip Code 06897-2911
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-36
 Amount of Each Receipt this Period
 50.00

C. Beth M. Berger
 Full Name (Last, First, Middle Initial)
 Mailing Address 4141 N Murray Ave
 City Shorewood State WI Zip Code 53211-2011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-557
 Amount of Each Receipt this Period
 35.00

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 11 OF 126
(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

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

Mailing Address 4141 N Murray Ave

City Shorewood State WI Zip Code 53211-2011

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

Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Secur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **478.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-556

Amount of Each Receipt this Period
35.00

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

Mailing Address 3520 Dumbarton Rd NW

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-28

Amount of Each Receipt this Period
42.00

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

Mailing Address 3520 Dumbarton Rd NW

City Atlanta State GA Zip Code 30327-2614

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014073119748-28

Amount of Each Receipt this Period
42.00

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: (check only one)	PAGE 12 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Garrett J. Bleakley
Full Name (Last, First, Middle Initial)
Mailing Address 5460 Chelsea Ave
City La Jolla State CA Zip Code 92037-7607
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-8
Amount of Each Receipt this Period
75.00

B. Garrett J. Bleakley
Full Name (Last, First, Middle Initial)
Mailing Address 5460 Chelsea Ave
City La Jolla State CA Zip Code 92037-7607
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-8
Amount of Each Receipt this Period
75.00

C. Debra Blevons
Full Name (Last, First, Middle Initial)
Mailing Address 165 Pine Ct
City Appleton State WI Zip Code 54914-8222
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-65
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 126
	<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. Debra Blevons
Full Name (Last, First, Middle Initial)

Mailing Address 165 Pine Ct

City Appleton State WI Zip Code 54914-8222

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-65

Amount of Each Receipt this Period
100.00

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

Mailing Address 8677 Alvarado Ct

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-10

Amount of Each Receipt this Period
208.00

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

Mailing Address 8677 Alvarado Ct

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-10

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: (check only one)	PAGE 14 OF 126
	<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. Sandra L. Botcher
Full Name (Last, First, Middle Initial)

Mailing Address 10260 N Range Line C

City Mequon State WI Zip Code 53092

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

Name of Employer NML Occupation VP Disability Income

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1064.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-829

Amount of Each Receipt this Period
 76.00

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

Mailing Address 10260 N Range Line C

City Mequon State WI Zip Code 53092

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

Name of Employer NML Occupation VP Disability Income

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1064.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-828

Amount of Each Receipt this Period
 76.00

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

Mailing Address 641 5th Ave

City New York State NY Zip Code 10022-5908

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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-844

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	177.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Mailing Address 641 5th Ave

City New York State NY Zip Code 10022-5908

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-843

Amount of Each Receipt this Period
25.00

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

Mailing Address 12877 N Cobblestone Ct

City Mequon State WI Zip Code 53097-1812

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

Name of Employer NML Occupation VP Div & Inclusion

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-865

Amount of Each Receipt this Period
40.00

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

Mailing Address 12877 N Cobblestone Ct

City Mequon State WI Zip Code 53097-1812

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

Name of Employer NML Occupation VP Div & Inclusion

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-864

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 126
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Anne T. Brower
Full Name (Last, First, Middle Initial)
Mailing Address 2314 E Edgewood Ave
City Shorewood State WI Zip Code 53211-2939
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Secur
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 284.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-544
Amount of Each Receipt this Period 22.00

B. Anne T. Brower
Full Name (Last, First, Middle Initial)
Mailing Address 2314 E Edgewood Ave
City Shorewood State WI Zip Code 53211-2939
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Secur
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 284.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-543
Amount of Each Receipt this Period 22.00

C. Pency P. Byhardt
Full Name (Last, First, Middle Initial)
Mailing Address W148N10042 Windsong Cir E
City Germantown State WI Zip Code 53022-5274
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Annuity Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-1033
Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Pency P. Byhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address W148N10042 Windsong Cir E
 City State Zip Code
 Germantown WI 53022-5274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Annuity Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1032
 Amount of Each Receipt this Period
 200.00

B. Michael T. Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 La Casa Via
 City State Zip Code
 Walnut Creek CA 94598-4842
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-26
 Amount of Each Receipt this Period
 208.00

C. Michael T. Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 La Casa Via
 City State Zip Code
 Walnut Creek CA 94598-4842
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-26
 Amount of Each Receipt this Period
 208.00

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 18 OF 126
(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. Susan W. Callanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2736 N Shepard Ave
 City Milwaukee State WI Zip Code 53211-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Director- Mktplc Policy and Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-1071
 Amount of Each Receipt this Period 22.00

B. Susan W. Callanan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2736 N Shepard Ave
 City Milwaukee State WI Zip Code 53211-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Director- Mktplc Policy and Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-1070
 Amount of Each Receipt this Period 22.00

C. Michael G. Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 7322 N Mohawk Rd
 City Fox Point State WI Zip Code 53217-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation EVP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-974
 Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 126
	<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

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

Mailing Address 7322 N Mohawk Rd

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer Occupation
NML EVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-973

Amount of Each Receipt this Period
208.00

Full Name (Last, First, Middle Initial)
B. Greg Castronovo

Mailing Address 317 Evening Star Ln

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-43

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Greg Castronovo

Mailing Address 317 Evening Star Ln

City State Zip Code
Bozeman MT 59715-7738

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-43

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: (check only one)	PAGE 20 OF 126
	<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

Full Name (Last, First, Middle Initial) A. Scott G. Christensen		Date of Receipt
Mailing Address 12 High Meadow Ln		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Amherst	NH	03031-2554
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 201407151988-42
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	General Insurance Agent	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Scott G. Christensen		Date of Receipt
Mailing Address 12 High Meadow Ln		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Amherst	NH	03031-2554
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2014073119748-42
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	General Insurance Agent	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Eric P. Christophersen		Date of Receipt
Mailing Address N55W21701 Adamdale Dr		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Menomonee Falls	WI	53051-6272
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2014071119750-709
Name of Employer	Occupation	Amount of Each Receipt this Period
NML	Pres & CEO Wealth Mgmt	<input type="text" value="95.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1114.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="345.00"/>
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 21 OF 126
(check only one)

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

A. Eric P. Christophersen
Full Name (Last, First, Middle Initial)
Mailing Address N55W21701 Adamdale Dr
City Menomonee Falls State WI Zip Code 53051-6272
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Pres & CEO Wealth Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1114.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-708
Amount of Each Receipt this Period 95.00

B. David D. Clark
Full Name (Last, First, Middle Initial)
Mailing Address 923 E Kilbourn Ave
City Milwaukee State WI Zip Code 53202-3493
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Real Estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1960.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-684
Amount of Each Receipt this Period 140.00

c. David D. Clark
Full Name (Last, First, Middle Initial)
Mailing Address 923 E Kilbourn Ave
City Milwaukee State WI Zip Code 53202-3493
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Real Estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1960.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-683
Amount of Each Receipt this Period 140.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 126
(check only one)

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

A. R. Michael Condrey
Full Name (Last, First, Middle Initial)
Mailing Address 907 Williamson Dr
City Raleigh State NC Zip Code 27608-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-3
Amount of Each Receipt this Period
208.00

B. R. Michael Condrey
Full Name (Last, First, Middle Initial)
Mailing Address 907 Williamson Dr
City Raleigh State NC Zip Code 27608-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-3
Amount of Each Receipt this Period
208.00

C. Tait Cruse
Full Name (Last, First, Middle Initial)
Mailing Address 2961 Belclaire Dr
City Frisco State TX Zip Code 75034-5969
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-32
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 23 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Tait Cruise
 Mailing Address 2961 Belclaire Dr
 City Frisco State TX Zip Code 75034-5969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-32
 Amount of Each Receipt this Period
 208.00

Full Name (Last, First, Middle Initial)
B. Brian R. Cunningham
 Mailing Address 6251 S Billings Way
 City Centennial State CO Zip Code 80111-6009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-23
 Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
C. Brian R. Cunningham
 Mailing Address 6251 S Billings Way
 City Centennial State CO Zip Code 80111-6009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-23
 Amount of Each Receipt this Period
 125.00

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: (check only one)	PAGE 24 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Chad D. Dern
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 E Beaumont Ave
 City State Zip Code
 Whitefish Bay WI 53217-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Dir Brand & Adv Strat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-788
 Amount of Each Receipt this Period
 19.00

B. Chad D. Dern
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 E Beaumont Ave
 City State Zip Code
 Whitefish Bay WI 53217-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Dir Brand & Adv Strat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-787
 Amount of Each Receipt this Period
 19.00

C. Paul Dodd
 Full Name (Last, First, Middle Initial)
 Mailing Address 7078 E Genesee St
 City State Zip Code
 Fayetteville NY 13066-1123
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-29
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional).....▶	246.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 126
(check only one)

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

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

A. Paul Dodd
Full Name (Last, First, Middle Initial)
Mailing Address 7078 E Genesee St
City Fayetteville State NY Zip Code 13066-1123
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-29
Amount of Each Receipt this Period
208.00

B. Steven Dugal
Full Name (Last, First, Middle Initial)
Mailing Address 9 Falcon Dr
City Mandeville State LA Zip Code 70471-2952
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-30
Amount of Each Receipt this Period
208.00

C. Steven Dugal
Full Name (Last, First, Middle Initial)
Mailing Address 9 Falcon Dr
City Mandeville State LA Zip Code 70471-2952
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-30
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: (check only one)	PAGE 26 OF 126
	<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. John E. Dunn
Full Name (Last, First, Middle Initial)

Mailing Address N71W31034 Lower Club Cir W

City Hartland State WI Zip Code 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-637

Amount of Each Receipt this Period
50.00

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

Mailing Address N71W31034 Lower Club Cir W

City Hartland State WI Zip Code 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-636

Amount of Each Receipt this Period
50.00

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

Mailing Address 2520 Hanford Ln

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2912.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-34

Amount of Each Receipt this Period
208.00

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 27 OF 126
	<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

Full Name (Last, First, Middle Initial) A. James R. Effner Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : 2014073119748-34
Mailing Address 2520 Hanford Ln		Amount of Each Receipt this Period 208.00
City Aurora	State IL	Zip Code 60502-6969
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2912.00	

Full Name (Last, First, Middle Initial) B. R. David Ells		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014 Transaction ID : 2014071119750-883
Mailing Address 3722 W Grace Ave		Amount of Each Receipt this Period 27.00
City Mequon	State WI	Zip Code 53092-2760
FEC ID number of contributing federal political committee. C		
Name of Employer NML	Occupation VP Investment Strat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. R. David Ells		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : 2014072919749-882
Mailing Address 3722 W Grace Ave		Amount of Each Receipt this Period 27.00
City Mequon	State WI	Zip Code 53092-2760
FEC ID number of contributing federal political committee. C		
Name of Employer NML	Occupation VP Investment Strat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

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 28 OF 126
(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. Keith A. Erhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Timberwood Ct
 City State Zip Code
 West Des Moines IA 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-18
 Amount of Each Receipt this Period
 42.00

B. Keith A. Erhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Timberwood Ct
 City State Zip Code
 West Des Moines IA 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-18
 Amount of Each Receipt this Period
 42.00

C. John C. Ertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18235 Shaker Blvd
 City State Zip Code
 Shaker Heights OH 44120-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-17
 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: (check only one)	PAGE 29 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. John C. Ertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18235 Shaker Blvd
 City Shaker Heights State OH Zip Code 44120-1754
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-17
 Amount of Each Receipt this Period
 125.00

B. Christina H. Fiasca
 Full Name (Last, First, Middle Initial)
 Mailing Address 9230 N Fairway Dr
 City Bayside State WI Zip Code 53217-1317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Product Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-910
 Amount of Each Receipt this Period
 50.00

C. Christina H. Fiasca
 Full Name (Last, First, Middle Initial)
 Mailing Address 9230 N Fairway Dr
 City Bayside State WI Zip Code 53217-1317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Product Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-909
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 126
	<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. Daniel M. Flesch
Full Name (Last, First, Middle Initial)

Mailing Address 369 Sunshine Dr

City Hartland State WI Zip Code 53029-8559

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-912

Amount of Each Receipt this Period
15.00

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

Mailing Address 208 Laurel Ln

City South Milwaukee State WI Zip Code 53172-1071

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

Name of Employer NML Occupation Dir Inv Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-779

Amount of Each Receipt this Period
15.00

C. Gerald E. Fradin
Full Name (Last, First, Middle Initial)

Mailing Address 120 Belle Ave

City Highland Park State IL Zip Code 60035-2504

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

Name of Employer NML Occupation VP Wmc Inv Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-596

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)
A. Gerald E. Fradin

Mailing Address 120 Belle Ave

City Highland Park State IL Zip Code 60035-2504

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

Name of Employer NML Occupation VP Wmc Inv Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-595

Amount of Each Receipt this Period
200.00

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

Mailing Address 2224 E 24th St

City Tulsa State OK Zip Code 74114-2912

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-44

Amount of Each Receipt this Period
75.00

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

Mailing Address 2224 E 24th St

City Tulsa State OK Zip Code 74114-2912

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014073119748-44

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<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. Stephen J. Frankl
Full Name (Last, First, Middle Initial)

Mailing Address 3225 Somers Ln

City Port Washington State WI Zip Code 53074-9503

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

Name of Employer NML Occupation Reg Sales Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-1061

Amount of Each Receipt this Period
19.00

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

Mailing Address 3225 Somers Ln

City Port Washington State WI Zip Code 53074-9503

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

Name of Employer NML Occupation Reg Sales Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-1060

Amount of Each Receipt this Period
19.00

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

Mailing Address 4 Windy Hill Ln

City Wayland State MA Zip Code 01778-2613

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-16

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **163.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 126
	<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

Full Name (Last, First, Middle Initial) A. Robert T. Frieling		Date of Receipt
Mailing Address 4 Windy Hill Ln		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
City	State	Zip Code
Wayland	MA	01778-2613
FEC ID number of contributing federal political committee.		Transaction ID : 2014073119748-16
C		Amount of Each Receipt this Period
		125.00
Name of Employer	Occupation	
Self-Employed	General Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1750.00	

Full Name (Last, First, Middle Initial) B. Sheila M. Gavin		Date of Receipt
Mailing Address 5735 N Crestwood Blvd		M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
City	State	Zip Code
Glendale	WI	53209-4309
FEC ID number of contributing federal political committee.		Transaction ID : 2014071119750-1037
C		Amount of Each Receipt this Period
		19.00
Name of Employer	Occupation	
NML	Ast Gn Cnl & Ast Sec/Ins	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	266.00	

Full Name (Last, First, Middle Initial) C. Sheila M. Gavin		Date of Receipt
Mailing Address 5735 N Crestwood Blvd		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
City	State	Zip Code
Glendale	WI	53209-4309
FEC ID number of contributing federal political committee.		Transaction ID : 2014072919749-1036
C		Amount of Each Receipt this Period
		19.00
Name of Employer	Occupation	
NML	Ast Gn Cnl & Ast Sec/Ins	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	266.00	

SUBTOTAL of Receipts This Page (optional).....▶	163.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
	<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. Chris K. Gawart
Full Name (Last, First, Middle Initial)

Mailing Address 1610 N Prospect Ave

City Milwaukee State WI Zip Code 53202-2491

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

Name of Employer NML Occupation Ast Gn Cnl & Ast Sec-Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-645

Amount of Each Receipt this Period 25.00

B. Chris K. Gawart
Full Name (Last, First, Middle Initial)

Mailing Address 1610 N Prospect Ave

City Milwaukee State WI Zip Code 53202-2491

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

Name of Employer NML Occupation Ast Gn Cnl & Ast Sec-Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-644

Amount of Each Receipt this Period 25.00

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

Mailing Address 5421 N Idlewild Ave

City Whitefish Bay State WI Zip Code 53217-5331

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

Name of Employer NML Occupation Svp Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1252.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-630

Amount of Each Receipt this Period 110.00

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: (check only one)	PAGE 35 OF 126
	<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. Timothy J. Gerend
Full Name (Last, First, Middle Initial)

Mailing Address 5421 N Idlewild Ave

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer Occupation
NML Svp Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1252.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-629

Amount of Each Receipt this Period
110.00

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

Mailing Address 13040 W Hawthorne Ln

City State Zip Code
New Berlin WI 53151-8742

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

Name of Employer Occupation
NML VP Solvency Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-623

Amount of Each Receipt this Period
15.00

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

Mailing Address 6700 Old Darby Trl NE

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-14

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mitchell B. Glover
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 Old Darby Trl NE
 City State Zip Code
 Ada MI 49301-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-14
 Amount of Each Receipt this Period
 208.00

B. Kimberley Goode
 Full Name (Last, First, Middle Initial)
 Mailing Address 2485 W Fairy Chasm Rd # R
 City State Zip Code
 River Hills WI 53217-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Comm & Corp Aff
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1218.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-574
 Amount of Each Receipt this Period
 93.00

C. Kimberley Goode
 Full Name (Last, First, Middle Initial)
 Mailing Address 2485 W Fairy Chasm Rd # R
 City State Zip Code
 River Hills WI 53217-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Comm & Corp Aff
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1218.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-573
 Amount of Each Receipt this Period
 93.00

SUBTOTAL of Receipts This Page (optional).....▶	394.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Patrick K. Gores
Full Name (Last, First, Middle Initial)

Mailing Address 2702 28th Ave S

City Fargo State ND Zip Code 58103-5045

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-7

Amount of Each Receipt this Period
42.00

B. Patrick K. Gores
Full Name (Last, First, Middle Initial)

Mailing Address 2702 28th Ave S

City Fargo State ND Zip Code 58103-5045

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014073119748-7

Amount of Each Receipt this Period
42.00

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

Mailing Address 4735 Wellington Dr

City Long Grove State IL Zip Code 60047-5223

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-27

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **234.00**

TOTAL This Period (last page this line number 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 OF 126
(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

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

Mailing Address 4735 Wellington Dr

City State Zip Code
 Long Grove IL 60047-5223

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 ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-27

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
B. Karl G. Gouverneur

Mailing Address 12895 N Cobblestone Ct

City State Zip Code
 Mequon WI 53097-1812

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

Name of Employer Occupation
 NML VP & Chief Tech Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 938.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1093

Amount of Each Receipt this Period
 67.00

Full Name (Last, First, Middle Initial)
C. Karl G. Gouverneur

Mailing Address 12895 N Cobblestone Ct

City State Zip Code
 Mequon WI 53097-1812

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

Name of Employer Occupation
 NML VP & Chief Tech Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 938.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1092

Amount of Each Receipt this Period
 67.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 126
	<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. John M. Grogan
Full Name (Last, First, Middle Initial)

Mailing Address 7860 N Club Cir

City State Zip Code
Fox Point WI 53217-2939

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

Name of Employer Occupation
NML Svp Ins & Invest Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1724.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 2014071119750-1017

Amount of Each Receipt this Period
208.00

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

Mailing Address 7860 N Club Cir

City State Zip Code
Fox Point WI 53217-2939

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

Name of Employer Occupation
NML Svp Ins & Invest Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1724.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-1016

Amount of Each Receipt this Period
208.00

C. Stephen Gross
Full Name (Last, First, Middle Initial)

Mailing Address 1022 Savonne Ct

City State Zip Code
Chesterfield MO 63005-4977

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 ▼
1166.62

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-45

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 499.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Stephen Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 Savonne Ct
 City Chesterfield State MO Zip Code 63005-4977
 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 **1166.62**

Date of Receipt **07 / 31 / 2014**
Transaction ID : 2014073119748-45
 Amount of Each Receipt this Period **83.33**

B. Thomas C. Guay
 Full Name (Last, First, Middle Initial)
 Mailing Address W73N377 Mulberry Ave
 City Cedarburg State WI Zip Code 53012-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Field Rewards
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1070.00**

Date of Receipt **07 / 15 / 2014**
Transaction ID : 2014071119750-652
 Amount of Each Receipt this Period **79.00**

c. Thomas C. Guay
 Full Name (Last, First, Middle Initial)
 Mailing Address W73N377 Mulberry Ave
 City Cedarburg State WI Zip Code 53012-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Field Rewards
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1070.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : 2014072919749-651
 Amount of Each Receipt this Period **79.00**

SUBTOTAL of Receipts This Page (optional)..... **241.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Stephen T. Guinan
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Waverly Cir
 City Phoenixville State PA Zip Code 19460-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-41
 Amount of Each Receipt this Period
 42.00

B. Stephen T. Guinan
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Waverly Cir
 City Phoenixville State PA Zip Code 19460-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-41
 Amount of Each Receipt this Period
 42.00

C. Paul J. Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address N38W23333 Broken Hill Cir S
 City Pewaukee State WI Zip Code 53072-2764
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1050
 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: (check only one)	PAGE 42 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Kevin J. Hassan
Full Name (Last, First, Middle Initial)
Mailing Address 804 Montparnasse Pl
City Newtown Sq State PA Zip Code 19073-2623
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 ▼ 1750.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-15
Amount of Each Receipt this Period
125.00

B. Kevin J. Hassan
Full Name (Last, First, Middle Initial)
Mailing Address 804 Montparnasse Pl
City Newtown Sq State PA Zip Code 19073-2623
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 ▼ 1750.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-15
Amount of Each Receipt this Period
125.00

C. Laura J. Hauschild
Full Name (Last, First, Middle Initial)
Mailing Address 14611 50th Rd
City Sturtevant State WI Zip Code 53177-1038
FEC ID number of contributing federal political committee. **C**
Name of Employer NML
Occupation Dir Enterprise Solutions
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 256.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 2014071119750-758
Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 126
	<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. Laura J. Hauschild
 Full Name (Last, First, Middle Initial)
 Mailing Address 14611 50th Rd
 City State Zip Code
 Sturtevant WI 53177-1038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Dir Enterprise Solutions
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-757
 Amount of Each Receipt this Period
 20.00

B. Wayne F. Heidenreich, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4753 N Larkin St
 City State Zip Code
 Whitefish Bay WI 53211-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Medical Dir/HR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1019
 Amount of Each Receipt this Period
 17.00

c. Wayne F. Heidenreich, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4753 N Larkin St
 City State Zip Code
 Whitefish Bay WI 53211-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Medical Dir/HR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1018
 Amount of Each Receipt this Period
 17.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 126
	<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. Gerard M. Hempstead
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 W Walling Dr
 City State Zip Code
 Creve Coeur MO 63141-7371
 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 ▼
 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-55
 Amount of Each Receipt this Period
 83.33

B. Gerard M. Hempstead
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 W Walling Dr
 City State Zip Code
 Creve Coeur MO 63141-7371
 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 ▼
 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-55
 Amount of Each Receipt this Period
 83.33

C. Thomas R. Hendricks
 Full Name (Last, First, Middle Initial)
 Mailing Address 8690 N Spruce Rd
 City State Zip Code
 River Hills WI 53217-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Asst Dir Reg Sls Team
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-978
 Amount of Each Receipt this Period
 22.00

SUBTOTAL of Receipts This Page (optional).....▶	188.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 126
	<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. Thomas R. Hendricks
 Full Name (Last, First, Middle Initial)
 Mailing Address 8690 N Spruce Rd
 City River Hills State WI Zip Code 53217-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Asst Dir Reg SIs Team
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-977
 Amount of Each Receipt this Period
 22.00

B. Mark J. Heurung
 Full Name (Last, First, Middle Initial)
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-40
 Amount of Each Receipt this Period
 208.00

C. Mark J. Heurung
 Full Name (Last, First, Middle Initial)
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-40
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional).....▶	438.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Gary M. Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 Elm Tree Rd
 City Elm Grove State WI Zip Code 53122-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Treas & Inv Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1198.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-904
 Amount of Each Receipt this Period
 89.00

B. Gary M. Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 Elm Tree Rd
 City Elm Grove State WI Zip Code 53122-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Treas & Inv Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1198.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-903
 Amount of Each Receipt this Period
 89.00

C. Laila V. Hick
 Full Name (Last, First, Middle Initial)
 Mailing Address 10315 W Sunset Ave
 City Wauwatosa State WI Zip Code 53222-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Agency Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1009
 Amount of Each Receipt this Period
 18.00

SUBTOTAL of Receipts This Page (optional).....▶	196.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 126
	<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

Full Name (Last, First, Middle Initial) A. Michael T. Holloway		Date of Receipt
Mailing Address 425 Lake Bluff Ln		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Grafton	WI	53024-9764
FEC ID number of contributing federal political committee.		Transaction ID : 2014071119750-871
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.00"/>
Name of Employer	Occupation	
NML	Managing Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="242.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael T. Holloway		Date of Receipt
Mailing Address 425 Lake Bluff Ln		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Grafton	WI	53024-9764
FEC ID number of contributing federal political committee.		Transaction ID : 2014072919749-870
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.00"/>
Name of Employer	Occupation	
NML	Managing Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="242.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steve H. Holter		Date of Receipt
Mailing Address 11390 N Creekside Ct		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mequon	WI	53092-4377
FEC ID number of contributing federal political committee.		Transaction ID : 201407151988-48
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.00"/>
Name of Employer	Occupation	
Self-Employed	General Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2912.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="246.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 48 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Steve H. Holter

Mailing Address 11390 N Creekside Ct

City State Zip Code
 Mequon WI 53092-4377

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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-48

Amount of Each Receipt this Period
 208.00

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

Mailing Address 1701 E Westminster Ln

City State Zip Code
 Spokane WA 99223-6712

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-4

Amount of Each Receipt this Period
 42.00

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

Mailing Address 1701 E Westminster Ln

City State Zip Code
 Spokane WA 99223-6712

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-4

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 49 OF 126
(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

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

Mailing Address 1930 Old Court Rd

City Ruxton State MD Zip Code 21204-1849

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

Name of Employer Self-Employed
 Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 07 / 15 / 2014
Transaction ID : 201407151988-21

Amount of Each Receipt this Period
 125.00

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

Mailing Address 1930 Old Court Rd

City Ruxton State MD Zip Code 21204-1849

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

Name of Employer Self-Employed
 Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 07 / 31 / 2014
Transaction ID : 2014073119748-21

Amount of Each Receipt this Period
 125.00

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

Mailing Address 23702 Champe Ford Rd

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 366.00

Date of Receipt
 07 / 15 / 2014
Transaction ID : 2014071119750-934

Amount of Each Receipt this Period
 27.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 277.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 126
(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

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

Mailing Address 23702 Champe Ford Rd

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **366.00**

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-933

Amount of Each Receipt this Period
27.00

Full Name (Last, First, Middle Initial)
B. Ronald P. Joelson

Mailing Address 825 N Prospect Ave # U

City Milwaukee State WI Zip Code 53202-3979

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 ▼ **2800.00**

Date of Receipt
07 / 15 / 2014
Transaction ID : 2014071119750-526

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Ronald P. Joelson

Mailing Address 825 N Prospect Ave # U

City Milwaukee State WI Zip Code 53202-3979

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 ▼ **2800.00**

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-525

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **427.00**

TOTAL This Period (last page this line number 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 OF 126
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Todd M. Jones

Mailing Address W252N4956 Aberdeen Dr

City State Zip Code
Pewaukee WI 53072-1351

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

Name of Employer Occupation
NML VP & Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
888.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 2014071119750-800

Amount of Each Receipt this Period
78.00

Full Name (Last, First, Middle Initial)
B. Todd M. Jones

Mailing Address W252N4956 Aberdeen Dr

City State Zip Code
Pewaukee WI 53072-1351

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

Name of Employer Occupation
NML VP & Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
888.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014072919749-799

Amount of Each Receipt this Period
78.00

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

Mailing Address 16 Vintage Walk

City State Zip Code
Montgomery OH 45249-2101

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 ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-60

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 281.00

TOTAL This Period (last page this line number 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 OF 126
(check only one)

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

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

Mailing Address 16 Vintage Walk

City State Zip Code
Montgomery OH 45249-2101

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 ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014073119748-60

Amount of Each Receipt this Period
125.00

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

Mailing Address 5806 N Kent Ave

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer Occupation
NML VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
854.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-622

Amount of Each Receipt this Period
61.00

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

Mailing Address 5806 N Kent Ave

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer Occupation
NML VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
854.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-621

Amount of Each Receipt this Period
61.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 247.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 8930 Dunn Ct

City Dublin State OH Zip Code 43017-8880

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

Name of Employer Self-Employed
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-56

Amount of Each Receipt this Period
42.00

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

Mailing Address 8930 Dunn Ct

City Dublin State OH Zip Code 43017-8880

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

Name of Employer Self-Employed
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-56

Amount of Each Receipt this Period
42.00

C. David Daniel Kiecker
Full Name (Last, First, Middle Initial)

Mailing Address 11696 Approach Blvd

City Fishers State IN Zip Code 46037-4146

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

Name of Employer Self-Employed
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
588.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-64

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. David Daniel Kiecker
 Full Name (Last, First, Middle Initial)
 Mailing Address 11696 Approach Blvd
 City Fishers State IN Zip Code 46037-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-64
 Amount of Each Receipt this Period
 42.00

B. William S. Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 4645 Swilcan Bridge Ln S
 City Jacksonville State FL Zip Code 32224-5621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-12
 Amount of Each Receipt this Period
 125.00

C. William S. Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 4645 Swilcan Bridge Ln S
 City Jacksonville State FL Zip Code 32224-5621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-12
 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: (check only one)	PAGE 55 OF 126
	<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. John L. Kordsmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2522 W Daphne Rd
 City Glendale State WI Zip Code 53209-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1302.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1041
 Amount of Each Receipt this Period
 93.00

B. John L. Kordsmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2522 W Daphne Rd
 City Glendale State WI Zip Code 53209-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1302.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1040
 Amount of Each Receipt this Period
 93.00

C. Steven H. Kosnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 5799 Windsona Cir
 City Fitchburg State WI Zip Code 53711-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-6
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 126
	<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	<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. Steven H. Kosnick
Full Name (Last, First, Middle Initial)

Mailing Address 5799 Windsona Cir

City Fitchburg State WI Zip Code 53711-5839

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-6

Amount of Each Receipt this Period
42.00

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

Mailing Address 3357 N Lake Dr

City Milwaukee State WI Zip Code 53211-2908

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt
07 / 15 / 2014
Transaction ID : 2014071119750-975

Amount of Each Receipt this Period
43.00

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

Mailing Address 3357 N Lake Dr

City Milwaukee State WI Zip Code 53211-2908

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **494.00**

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-974

Amount of Each Receipt this Period
43.00

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

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

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

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

FOR LINE NUMBER: PAGE 57 OF 126
(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. Todd L. Laszewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2604 N 90th St
 City Wauwatosa State WI Zip Code 53226-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir, Life Product Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-889
 Amount of Each Receipt this Period
 21.00

B. Todd L. Laszewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2604 N 90th St
 City Wauwatosa State WI Zip Code 53226-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir, Life Product Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-888
 Amount of Each Receipt this Period
 21.00

C. M. Kevin Lawhon
 Full Name (Last, First, Middle Initial)
 Mailing Address 6952 Burnt Sienna Cir
 City Naples State FL Zip Code 34109-7826
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-51
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.33
TOTAL This Period (last page this line number 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 OF 126
(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

Full Name (Last, First, Middle Initial)
A. M. Kevin Lawhon

Mailing Address 6952 Burnt Sienna Cir

City State Zip Code
 Naples FL 34109-7826

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-51

Amount of Each Receipt this Period
 83.33

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

Mailing Address 1108 W Goldthread Cir

City State Zip Code
 Sioux Falls SD 57108-2824

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 ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-11

Amount of Each Receipt this Period
 42.00

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

Mailing Address 1108 W Goldthread Cir

City State Zip Code
 Sioux Falls SD 57108-2824

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 ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-11

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.33

TOTAL This Period (last page this line number 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 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Matthew James Lueder

Mailing Address 2359 N Wahl Ave

City Milwaukee State WI Zip Code 53211-4513

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

Name of Employer Self-Employed
 Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-63

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. Matthew James Lueder

Mailing Address 2359 N Wahl Ave

City Milwaukee State WI Zip Code 53211-4513

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

Name of Employer Self-Employed
 Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014073119748-63

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Ln

City Fox Point State WI Zip Code 53217-2946

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

Name of Employer NML
 Occupation Svp Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2352.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-899

Amount of Each Receipt this Period
168.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **252.00**

TOTAL This Period (last page this line number 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 OF 126
(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. Jeffrey J. Lueken
 Full Name (Last, First, Middle Initial)
 Mailing Address 1213 E Goodrich Ln
 City State Zip Code
 Fox Point WI 53217-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Svp Securities
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-898
 Amount of Each Receipt this Period
 168.00

B. David C. Magoon
 Full Name (Last, First, Middle Initial)
 Mailing Address N31W23910 Old Farm Ct
 City State Zip Code
 Pewaukee WI 53072-4090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Sys Adm Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-545
 Amount of Each Receipt this Period
 20.00

C. David C. Magoon
 Full Name (Last, First, Middle Initial)
 Mailing Address N31W23910 Old Farm Ct
 City State Zip Code
 Pewaukee WI 53072-4090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Sys Adm Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-544
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 126
	<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. Cory A. Mahaffey
Full Name (Last, First, Middle Initial)
Mailing Address 13764 Knaus Rd
City Lake Oswego State OR Zip Code 97034-2175
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **588.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-59
Amount of Each Receipt this Period
42.00

B. Cory A. Mahaffey
Full Name (Last, First, Middle Initial)
Mailing Address 13764 Knaus Rd
City Lake Oswego State OR Zip Code 97034-2175
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **588.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-59
Amount of Each Receipt this Period
42.00

C. Raymond J. Manista
Full Name (Last, First, Middle Initial)
Mailing Address 7236 N Crossway Rd
City Fox Point State WI Zip Code 53217-3519
FEC ID number of contributing federal political committee. **C**
Name of Employer NML
Occupation Svp Gen Cnsl & Sec
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2912.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 2014071119750-570
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: (check only one)	PAGE 62 OF 126
	<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. Raymond J. Manista
Full Name (Last, First, Middle Initial)

Mailing Address 7236 N Crossway Rd

City State Zip Code
Fox Point WI 53217-3519

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

Name of Employer Occupation
NML Svp Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014072919749-569

Amount of Each Receipt this Period
208.00

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

Mailing Address 7818 Rogers Ave

City State Zip Code
Wauwatosa WI 53213-1761

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

Name of Employer Occupation
NML VP Field Growth & Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 2014071119750-689

Amount of Each Receipt this Period
77.00

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

Mailing Address 7818 Rogers Ave

City State Zip Code
Wauwatosa WI 53213-1761

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

Name of Employer Occupation
NML VP Field Growth & Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014072919749-688

Amount of Each Receipt this Period
77.00

SUBTOTAL of Receipts This Page (optional).....▶	362.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 126
	<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. Jeffrey S. Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address 8232 S Country Club Cir
 City Franklin State WI Zip Code 53132-8532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Reqts & Multi- Life
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-589
 Amount of Each Receipt this Period
 19.00

B. Jeffrey S. Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address 8232 S Country Club Cir
 City Franklin State WI Zip Code 53132-8532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Reqts & Multi- Life
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-588
 Amount of Each Receipt this Period
 19.00

C. David C. Mc Avoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Mountview Rd
 City Wellesley State MA Zip Code 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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-2
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional).....▶	246.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. David C. Mc Avoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Mountview Rd
 City Wellesley State MA Zip Code 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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-2
 Amount of Each Receipt this Period
 208.00

B. Brian W. McClure
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-82
 Amount of Each Receipt this Period
 42.00

C. Brian W. McClure
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-62
 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 65 OF 126
(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. James B. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 6294 Homar Pond Ct
 City State Zip Code
 Fairfax Station VA 22039-1653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Associate
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1042
 Amount of Each Receipt this Period
 17.00

B. James B. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 6294 Homar Pond Ct
 City State Zip Code
 Fairfax Station VA 22039-1653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Associate
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1041
 Amount of Each Receipt this Period
 17.00

C. Mark J. McLennon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2571 N 86th St
 City State Zip Code
 Wauwatosa WI 53226-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Ips Bus Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 484.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-605
 Amount of Each Receipt this Period
 38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 126
(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

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

Mailing Address 2571 N 86th St

City State Zip Code
 Wauwatosa WI 53226-1921

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

Name of Employer Occupation
 NML VP Ips Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 484.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-604

Amount of Each Receipt this Period
 38.00

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

Mailing Address 205 E 4th St

City State Zip Code
 Hinsdale IL 60521-4603

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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-5

Amount of Each Receipt this Period
 208.00

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

Mailing Address 205 E 4th St

City State Zip Code
 Hinsdale IL 60521-4603

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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-5

Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **454.00**

TOTAL This Period (last page this line number 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 OF 126
(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. Jim E. Meeks Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2460 Lennox Dr
 City Germantown State TN Zip Code 38138-4925
 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 ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-20
 Amount of Each Receipt this Period
 62.50

B. Jim E. Meeks Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2460 Lennox Dr
 City Germantown State TN Zip Code 38138-4925
 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 ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-20
 Amount of Each Receipt this Period
 62.50

C. Arthur J. Mees, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5347 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1076
 Amount of Each Receipt this Period
 23.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 126
	<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. Arthur J. Mees, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5347 N Hollywood Ave
 City State Zip Code
 Whitefish Bay WI 53217-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Regional Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1075
 Amount of Each Receipt this Period
 23.00

B. Joseph F. Meier
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Long Acres Ln
 City State Zip Code
 Oviedo FL 32765-7843
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-9
 Amount of Each Receipt this Period
 50.00

C. Joseph F. Meier
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Long Acres Ln
 City State Zip Code
 Oviedo FL 32765-7843
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-9
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	123.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
	<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. Ben Miller
Full Name (Last, First, Middle Initial)

Mailing Address 11315 E Winchcomb Dr

City State Zip Code
Scottsdale AZ 85255-1638

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 ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-54

Amount of Each Receipt this Period
125.00

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

Mailing Address 11315 E Winchcomb Dr

City State Zip Code
Scottsdale AZ 85255-1638

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 ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-54

Amount of Each Receipt this Period
125.00

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

Mailing Address 214 Schenley Rd

City State Zip Code
Pittsburgh PA 15217-1171

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-39

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: (check only one)	PAGE 70 OF 126
	<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. Kevin E. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 214 Schenley Rd

City Pittsburgh State PA Zip Code 15217-1171

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-39

Amount of Each Receipt this Period
208.00

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

Mailing Address 640 E Carlisle Ave

City Whitefish Bay State WI Zip Code 53217-4832

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

Name of Employer NML Occupation VP Corp Plng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 2014071119750-634

Amount of Each Receipt this Period
50.00

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

Mailing Address 640 E Carlisle Ave

City Whitefish Bay State WI Zip Code 53217-4832

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

Name of Employer NML Occupation VP Corp Plng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-633

Amount of Each Receipt this Period
50.00

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: PAGE 71 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Karen A. Molloy

Mailing Address 2004 N 85th St

City State Zip Code
 Wauwatosa WI 53226-2846

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

Name of Employer Occupation
 NML VP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-882

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Karen A. Molloy

Mailing Address 2004 N 85th St

City State Zip Code
 Wauwatosa WI 53226-2846

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

Name of Employer Occupation
 NML VP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-881

Amount of Each Receipt this Period
 20.00

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

Mailing Address 4406 N Madero Drive

City State Zip Code
 Mequon WI 53092

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

Name of Employer Occupation
 NML Ast Gn Cnl & Ast Sec -Tax/HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1052

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 126
	<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

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

Mailing Address 378 Juniper Ct

City Grafton State WI Zip Code 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 ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-603

Amount of Each Receipt this Period
18.00

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

Mailing Address 378 Juniper Ct

City Grafton State WI Zip Code 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 ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-602

Amount of Each Receipt this Period
18.00

Full Name (Last, First, Middle Initial)
C. William H. Norton

Mailing Address 10145 Wavell Rd

City Fairfax State VA Zip Code 22032-2337

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

Name of Employer NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **674.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-534

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **73.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. William H. Norton
 Full Name (Last, First, Middle Initial)
 Mailing Address 10145 Wavell Rd
 City State Zip Code
 Fairfax VA 22032-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Regional Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 674.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-533
 Amount of Each Receipt this Period
 37.00

B. Daniel J. O Meara
 Full Name (Last, First, Middle Initial)
 Mailing Address W70N385 Foxpointe Ave
 City State Zip Code
 Cedarburg WI 53012-2232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Agency Dev & Pgrms
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-719
 Amount of Each Receipt this Period
 26.00

C. Daniel J. O Meara
 Full Name (Last, First, Middle Initial)
 Mailing Address W70N385 Foxpointe Ave
 City State Zip Code
 Cedarburg WI 53012-2232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Agency Dev & Pgrms
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-718
 Amount of Each Receipt this Period
 26.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 126
	<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	<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. Mary Joy O Meara
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 N Morris Blvd
 City Shorewood State WI Zip Code 53211-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Regional Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-744
 Amount of Each Receipt this Period
 17.00

B. Mary Joy O Meara
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 N Morris Blvd
 City Shorewood State WI Zip Code 53211-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Regional Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-743
 Amount of Each Receipt this Period
 17.00

C. Gregory C. Oberland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4746 N Cumberland Blvd
 City Whitefish Bay State WI Zip Code 53211-1147
 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 ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-592
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 75 OF 126
(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

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

Mailing Address 4746 N Cumberland Blvd

City State Zip Code
 Whitefish Bay WI 53211-1147

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

Name of Employer Occupation
 NML President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-591

Amount of Each Receipt this Period
 208.00

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

Mailing Address 4832 N Shoreland Ave

City State Zip Code
 Whitefish Bay WI 53217-5821

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

Name of Employer Occupation
 NML VP Facility Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-851

Amount of Each Receipt this Period
 38.00

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

Mailing Address 4832 N Shoreland Ave

City State Zip Code
 Whitefish Bay WI 53217-5821

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

Name of Employer Occupation
 NML VP Facility Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-850

Amount of Each Receipt this Period
 38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brian G. Petrandio
Full Name (Last, First, Middle Initial)
Mailing Address 9533 Marbella Dr
City Fort Worth State TX Zip Code 76126-1935
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 ▼ 588.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-24
Amount of Each Receipt this Period
42.00

B. Brian G. Petrandio
Full Name (Last, First, Middle Initial)
Mailing Address 9533 Marbella Dr
City Fort Worth State TX Zip Code 76126-1935
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 ▼ 588.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-24
Amount of Each Receipt this Period
42.00

C. William C. Pickering
Full Name (Last, First, Middle Initial)
Mailing Address 1823 N 81st St
City Wauwatosa State WI Zip Code 53213-2146
FEC ID number of contributing federal political committee. **C**
Name of Employer NML
Occupation Ast Gn Cnl & Ast Sec/Intl Pro
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014072919749-1026
Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michele E. Pierz

Mailing Address 9648 N Old Barn Rd

City Mequon State WI Zip Code 53092-6231

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

Name of Employer NML Occupation Dir Field Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **244.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-538

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Michele E. Pierz

Mailing Address 9648 N Old Barn Rd

City Mequon State WI Zip Code 53092-6231

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

Name of Employer NML Occupation Dir Field Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **244.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-537

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Matthew J. Plocher

Mailing Address 4324 Chevy Chase Dr

City La Canada State CA Zip Code 91011-3203

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 201407151988-47

Amount of Each Receipt this Period
125.00

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 78 OF 126
(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. Matthew J. Plocher
 Full Name (Last, First, Middle Initial)
 Mailing Address 4324 Chevy Chase Dr
 City State Zip Code
 La Canada CA 91011-3203
 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 ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-47
 Amount of Each Receipt this Period
 125.00

B. Michael E. Pritzl
 Full Name (Last, First, Middle Initial)
 Mailing Address 572 Cottonwood Ln
 City State Zip Code
 Grafton WI 53024-9591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Managing Director Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-961
 Amount of Each Receipt this Period
 30.00

C. Michael E. Pritzl
 Full Name (Last, First, Middle Initial)
 Mailing Address 572 Cottonwood Ln
 City State Zip Code
 Grafton WI 53024-9591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Managing Director Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-960
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 79 OF 126
(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

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

Mailing Address 900 20th Ave S
 Apt 1414

City Nashville State TN Zip Code 37212-2247

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 ▼
 2912.00

Date of Receipt
 07 / 15 / 2014
Transaction ID : 201407151988-49

Amount of Each Receipt this Period
 208.00

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

Mailing Address 900 20th Ave S
 Apt 1414

City Nashville State TN Zip Code 37212-2247

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 ▼
 2912.00

Date of Receipt
 07 / 31 / 2014
Transaction ID : 2014073119748-49

Amount of Each Receipt this Period
 208.00

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

Mailing Address 111 W Ravine Ct

City Thiensville State WI Zip Code 53092-5861

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

Name of Employer NML
 Occupation VP Govt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 742.00

Date of Receipt
 07 / 15 / 2014
Transaction ID : 2014071119750-813

Amount of Each Receipt this Period
 53.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 469.00

TOTAL This Period (last page this line number 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 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Steven M. Radke

Mailing Address 111 W Ravine Ct

City Thiensville State WI Zip Code 53092-5861

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

Name of Employer NML Occupation VP Govt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **742.00**

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-812

Amount of Each Receipt this Period
53.00

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

Mailing Address 7 Williamsburg Ln

City Houston State TX Zip Code 77024-5144

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-61

Amount of Each Receipt this Period
125.00

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

Mailing Address 7 Williamsburg Ln

City Houston State TX Zip Code 77024-5144

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-61

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 81 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. David R. Remstad		Date of Receipt MM / DD / YYYY 07 / 15 / 2014 Transaction ID : 2014071119750-749
Mailing Address 2634 N Lake Dr		Amount of Each Receipt this Period 100.00
City Milwaukee	State WI	Zip Code 53211-3837
FEC ID number of contributing federal political committee.	C	
Name of Employer NML	Occupation Svp & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1292.00	

Full Name (Last, First, Middle Initial) B. David R. Remstad		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : 2014072919749-748
Mailing Address 2634 N Lake Dr		Amount of Each Receipt this Period 100.00
City Milwaukee	State WI	Zip Code 53211-3837
FEC ID number of contributing federal political committee.	C	
Name of Employer NML	Occupation Svp & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1292.00	

Full Name (Last, First, Middle Initial) C. Peter K. Richardson		Date of Receipt MM / DD / YYYY 07 / 15 / 2014 Transaction ID : 2014071119750-518
Mailing Address 720 E Green Tree Rd		Amount of Each Receipt this Period 20.00
City Fox Point	State WI	Zip Code 53217-3615
FEC ID number of contributing federal political committee.	C	
Name of Employer NML	Occupation Ast Gn Cnl & Ast Sec/Ipas	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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: (check only one)	PAGE 82 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Peter K. Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 E Green Tree Rd
 City Fox Point State WI Zip Code 53217-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-517
 Amount of Each Receipt this Period
 200.00

B. Daniel A. Riedl
 Full Name (Last, First, Middle Initial)
 Mailing Address 6604 Cedar St
 City Wauwatosa State WI Zip Code 53213-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Fld Dist Policies & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-679
 Amount of Each Receipt this Period
 25.00

C. Daniel A. Riedl
 Full Name (Last, First, Middle Initial)
 Mailing Address 6604 Cedar St
 City Wauwatosa State WI Zip Code 53213-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Fld Dist Policies & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-678
 Amount of Each Receipt this Period
 25.00

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 83 OF 126
(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. J. Daniel Rivers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 River Ridge Cv
 City Prospect State KY Zip Code 40059-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-22
 Amount of Each Receipt this Period
 208.00
 Aggregate Year-to-Date ▼
 2912.00

B. J. Daniel Rivers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 River Ridge Cv
 City Prospect State KY Zip Code 40059-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-22
 Amount of Each Receipt this Period
 208.00
 Aggregate Year-to-Date ▼
 2912.00

C. Bethany M. Rodenhuis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 N Lake Dr
 City Shorewood State WI Zip Code 53211-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation Svp Field Strat & Serv
 Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-636
 Amount of Each Receipt this Period
 99.00
 Aggregate Year-to-Date ▼
 1386.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.00
TOTAL This Period (last page this line number 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 OF 126
(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. Bethany M. Rodenhuis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 N Lake Dr
 City Shorewood State WI Zip Code 53211-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Svp Field Strat & Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1386.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-635
 Amount of Each Receipt this Period
 99.00

B. Tammy M. Rou
 Full Name (Last, First, Middle Initial)
 Mailing Address N99W14710 Amber Dr
 City Germantown State WI Zip Code 53022-6611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-806
 Amount of Each Receipt this Period
 55.00

C. Tammy M. Rou
 Full Name (Last, First, Middle Initial)
 Mailing Address N99W14710 Amber Dr
 City Germantown State WI Zip Code 53022-6611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-805
 Amount of Each Receipt this Period
 55.00

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: (check only one)	PAGE 85 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Matt Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Deep Valley Rd
 City New Canaan State CT Zip Code 06840-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-53
 Amount of Each Receipt this Period
 208.00

B. Matt Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Deep Valley Rd
 City New Canaan State CT Zip Code 06840-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-53
 Amount of Each Receipt this Period
 208.00

C. R. Philip Sarnecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 18240 Melrose Dr
 City Bucyrus State KS Zip Code 66013-9081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-35
 Amount of Each Receipt this Period
 104.17

SUBTOTAL of Receipts This Page (optional).....▶	520.17
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 126
(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. R. Philip Sarnecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 18240 Melrose Dr
 City State Zip Code
 Bucyrus KS 66013-9081
 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 ▼
 1458.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-35
 Amount of Each Receipt this Period
 104.17

B. Joseph M. Savino
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Benedek Rd
 City State Zip Code
 Princeton NJ 08540-2227
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-1
 Amount of Each Receipt this Period
 208.00

c. Joseph M. Savino
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Benedek Rd
 City State Zip Code
 Princeton NJ 08540-2227
 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 ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-1
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.17
TOTAL This Period (last page this line number 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 OF 126
	(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"/> 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. Linda Ann Schaefer
Full Name (Last, First, Middle Initial)
Mailing Address 5674 Garland Ln
City Greendale State WI Zip Code 53129-1507
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Doc Shared Svcs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-692
Amount of Each Receipt this Period 16.00

B. Timothy G. Schaefer
Full Name (Last, First, Middle Initial)
Mailing Address 1013 E Lexington Blvd
City Whitefish Bay State WI Zip Code 53217-5381
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP Ent Ops & Tech
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1736.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-850
Amount of Each Receipt this Period 208.00

c. Timothy G. Schaefer
Full Name (Last, First, Middle Initial)
Mailing Address 1013 E Lexington Blvd
City Whitefish Bay State WI Zip Code 53217-5381
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP Ent Ops & Tech
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1736.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-849
Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 432.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 126
	<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. Cal D. Schattschneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 5940 Stefanie Way
 City Caledonia State WI Zip Code 53108-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Exp Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1030
 Amount of Each Receipt this Period
 21.00

B. Cal D. Schattschneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 5940 Stefanie Way
 City Caledonia State WI Zip Code 53108-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Exp Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1029
 Amount of Each Receipt this Period
 21.00

C. Sherri L. Schickert
 Full Name (Last, First, Middle Initial)
 Mailing Address W147N9815 Emerald Ln
 City Germantown State WI Zip Code 53022-6620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Proj/Bus Imp Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-837
 Amount of Each Receipt this Period
 20.00

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: (check only one)	PAGE 89 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sherri L. Schickert
Full Name (Last, First, Middle Initial)

Mailing Address W147N9815 Emerald Ln

City State Zip Code
Germantown WI 53022-6620

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

Name of Employer Occupation
NML Dir Proj/Bus Imp Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014072919749-836

Amount of Each Receipt this Period
200.00

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

Mailing Address 1500 Greenway Ter

City State Zip Code
Elm Grove WI 53122-1611

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

Name of Employer Occupation
NML Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 2014071119750-767

Amount of Each Receipt this Period
208.00

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

Mailing Address 1500 Greenway Ter

City State Zip Code
Elm Grove WI 53122-1611

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

Name of Employer Occupation
NML Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014072919749-766

Amount of Each Receipt this Period
208.00

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 90 OF 126
(check only one)

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

A. Kathleen H. Schluter
Full Name (Last, First, Middle Initial)
Mailing Address 5057 N Palisades Rd
City Whitefish Bay State WI Zip Code 53217-5756
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Tax Cnsl
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **488.00**

Date of Receipt **07 / 15 / 2014**
Transaction ID : 2014071119750-768
Amount of Each Receipt this Period **40.00**

B. Kathleen H. Schluter
Full Name (Last, First, Middle Initial)
Mailing Address 5057 N Palisades Rd
City Whitefish Bay State WI Zip Code 53217-5756
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Tax Cnsl
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **488.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : 2014072919749-767
Amount of Each Receipt this Period **40.00**

C. Calvin R. Schmidt
Full Name (Last, First, Middle Initial)
Mailing Address W205 Allen Rd
City Oconomowoc State WI Zip Code 53066-9048
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Int Cust Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 15 / 2014**
Transaction ID : 2014071119750-789
Amount of Each Receipt this Period **90.00**

SUBTOTAL of Receipts This Page (optional)..... **170.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 91 OF 126
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Calvin R. Schmidt
Full Name (Last, First, Middle Initial)
Mailing Address W205 Allen Rd
City Oconomowoc State WI Zip Code 53066-9048
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Int Cust Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-788
Amount of Each Receipt this Period 90.00

B. Rodd Schneider
Full Name (Last, First, Middle Initial)
Mailing Address 1415 E Fairy Chasm Rd # R
City Bayside State WI Zip Code 53217-1433
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Litig & Dist Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-530
Amount of Each Receipt this Period 39.00

C. Rodd Schneider
Full Name (Last, First, Middle Initial)
Mailing Address 1415 E Fairy Chasm Rd # R
City Bayside State WI Zip Code 53217-1433
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Litig & Dist Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-529
Amount of Each Receipt this Period 39.00

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: (check only one)	PAGE 92 OF 126
	<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. Sarah R. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 4380 N Wildwood Ave

City Shorewood State WI Zip Code 53211-1436

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

Name of Employer NML Occupation VP-New Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-761

Amount of Each Receipt this Period
36.00

B. Sarah R. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 4380 N Wildwood Ave

City Shorewood State WI Zip Code 53211-1436

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

Name of Employer NML Occupation VP-New Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-760

Amount of Each Receipt this Period
36.00

C. Todd M. Schoon
Full Name (Last, First, Middle Initial)

Mailing Address 9400 N Valley Hill Rd # R

City River Hills State WI Zip Code 53217-1037

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

Name of Employer NML Occupation Svp Field Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2912.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-1069

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 126
	<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. Todd M. Schoon
Full Name (Last, First, Middle Initial)

Mailing Address 9400 N Valley Hill Rd
R

City River Hills State WI Zip Code 53217-1037

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

Name of Employer NML Occupation Svp Field Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2912.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-1068

Amount of Each Receipt this Period
208.00

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

Mailing Address 49 Green Ave

City Rye State NY Zip Code 10580-3141

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 ▼
1750.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-25

Amount of Each Receipt this Period
125.00

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

Mailing Address 49 Green Ave

City Rye State NY Zip Code 10580-3141

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 ▼
1750.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-25

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 94 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Brad P. Seitzinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Pine Needle Trl
 City Oakland Twp State MI Zip Code 48306-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-38
 Amount of Each Receipt this Period
 208.00

B. Brad P. Seitzinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Pine Needle Trl
 City Oakland Twp State MI Zip Code 48306-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-38
 Amount of Each Receipt this Period
 208.00

C. David W. Simbro
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 E Erie St Unit 4
 City Milwaukee State WI Zip Code 53202-6040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Svp Life & Ann Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1058
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional).....▶	496.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 126
	<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. David W. Simbro
Full Name (Last, First, Middle Initial)

Mailing Address 311 E Erie St
Unit 4

City Milwaukee State WI Zip Code 53202-6040

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

Name of Employer NML Occupation Svp Life & Ann Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-1057

Amount of Each Receipt this Period
80.00

B. Paul W. Skalecki
Full Name (Last, First, Middle Initial)

Mailing Address W69N463 Foxpointe Ave
A

City Cedarburg State WI Zip Code 53012-2231

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

Name of Employer NML Occupation VP Risk Selection Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
552.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 2014071119750-876

Amount of Each Receipt this Period
42.00

C. Paul W. Skalecki
Full Name (Last, First, Middle Initial)

Mailing Address W69N463 Foxpointe Ave
A

City Cedarburg State WI Zip Code 53012-2231

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

Name of Employer NML Occupation VP Risk Selection Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
552.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014072919749-875

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 164.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard P. Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Fairview Ave
 City South Milwaukee State WI Zip Code 53172-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Field Comp & Acctg
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-655
 Amount of Each Receipt this Period
 19.00
 Aggregate Year-to-Date ▼
 266.00

B. Richard P. Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Fairview Ave
 City South Milwaukee State WI Zip Code 53172-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Field Comp & Acctg
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-654
 Amount of Each Receipt this Period
 19.00
 Aggregate Year-to-Date ▼
 266.00

C. Steve P. Sperka
 Full Name (Last, First, Middle Initial)
 Mailing Address S67W17735 Copper Oaks Ct
 City Muskego State WI Zip Code 53150-7503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Ltc
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-792
 Amount of Each Receipt this Period
 81.00
 Aggregate Year-to-Date ▼
 942.00

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: (check only one)	PAGE 97 OF 126
	<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. Steve P. Sperka
Full Name (Last, First, Middle Initial)

Mailing Address S67W17735 Copper Oaks Ct

City Muskego State WI Zip Code 53150-7503

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

Name of Employer NML Occupation VP Ltc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **942.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-791

Amount of Each Receipt this Period
81.00

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

Mailing Address 2301 E Newton Ave

City Shorewood State WI Zip Code 53211-2617

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **254.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-614

Amount of Each Receipt this Period
19.00

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

Mailing Address 2301 E Newton Ave

City Shorewood State WI Zip Code 53211-2617

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **254.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-613

Amount of Each Receipt this Period
19.00

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 98 OF 126
(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. David G. Stoeffel
 Full Name (Last, First, Middle Initial)
 Mailing Address 6311 N Lake Dr
 City State Zip Code
 Whitefish Bay WI 53217-4343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Investment Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-877
 Amount of Each Receipt this Period
 66.00

B. David G. Stoeffel
 Full Name (Last, First, Middle Initial)
 Mailing Address 6311 N Lake Dr
 City State Zip Code
 Whitefish Bay WI 53217-4343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Investment Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-876
 Amount of Each Receipt this Period
 66.00

C. Stephen R. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 2511 N 95th St
 City State Zip Code
 Wauwatosa WI 53226-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Erm Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-683
 Amount of Each Receipt this Period
 24.00

SUBTOTAL of Receipts This Page (optional)..... ► 156.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stephen R. Stone
Full Name (Last, First, Middle Initial)

Mailing Address 2511 N 95th St

City Wauwatosa State WI Zip Code 53226-1749

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

Name of Employer NML Occupation Erm Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-682

Amount of Each Receipt this Period 24.00

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

Mailing Address 9086 N Tennyson Dr

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 ▼ 294.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-1056

Amount of Each Receipt this Period 21.00

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

Mailing Address 9086 N Tennyson Dr

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 ▼ 294.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-1055

Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.00

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

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

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

FOR LINE NUMBER: PAGE 100 OF 126
(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. Peter F. Striano III
 Full Name (Last, First, Middle Initial)
 Mailing Address 11050 NW 78th Pl
 City Parkland State FL Zip Code 33076-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-50
 Amount of Each Receipt this Period
 125.00

B. Peter F. Striano III
 Full Name (Last, First, Middle Initial)
 Mailing Address 11050 NW 78th Pl
 City Parkland State FL Zip Code 33076-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-50
 Amount of Each Receipt this Period
 125.00

C. Steven J. Stribling
 Full Name (Last, First, Middle Initial)
 Mailing Address 11830 W Whitaker Ave
 City Greenfield State WI Zip Code 53228-2455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation VP Di Benefits
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1072
 Amount of Each Receipt this Period
 26.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.00
TOTAL This Period (last page this line number 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 OF 126
(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. Steven J. Stribling
 Full Name (Last, First, Middle Initial)
 Mailing Address 11830 W Whitaker Ave
 City Greenfield State WI Zip Code 53228-2455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Di Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1071
 Amount of Each Receipt this Period
 26.00

B. Brenda J. Stugelmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8994 S Blackbird Trl
 City Franklin State WI Zip Code 53132-8588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Real Estate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-881
 Amount of Each Receipt this Period
 37.00

C. Brenda J. Stugelmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8994 S Blackbird Trl
 City Franklin State WI Zip Code 53132-8588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP & Real Estate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-880
 Amount of Each Receipt this Period
 37.00

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 102 OF 126
(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. Christopher P. Swain
 Full Name (Last, First, Middle Initial)
 Mailing Address 10927 N Wyngate Trce
 City Mequon State WI Zip Code 53092-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Msa Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-825
 Amount of Each Receipt this Period
 35.00

B. Christopher P. Swain
 Full Name (Last, First, Middle Initial)
 Mailing Address 10927 N Wyngate Trce
 City Mequon State WI Zip Code 53092-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Msa Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-824
 Amount of Each Receipt this Period
 35.00

C. Rachel L. Taknint
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 E Newberry Blvd
 City Milwaukee State WI Zip Code 53211-3427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation IS Spec Proj Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-818
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 126
	<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. Rachel L. Taknint
Full Name (Last, First, Middle Initial)

Mailing Address 2804 E Newberry Blvd

City Milwaukee State WI Zip Code 53211-3427

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

Name of Employer NML Occupation IS Spec Proj Liaison

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-817

Amount of Each Receipt this Period
10.00

B. Thomas Talajkowski
Full Name (Last, First, Middle Initial)

Mailing Address 1550 E Cumberland Blvd

City Whitefish Bay State WI Zip Code 53211-1141

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

Name of Employer NML Occupation Dir Corp Financial Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-860

Amount of Each Receipt this Period
20.00

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

Mailing Address 1550 E Cumberland Blvd

City Whitefish Bay State WI Zip Code 53211-1141

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

Name of Employer NML Occupation Dir Corp Financial Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-859

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **50.00**

TOTAL This Period (last page this line 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 104 OF 126
	<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. Michael F. Tews
Full Name (Last, First, Middle Initial)

Mailing Address 609 S 249th Cir

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-19

Amount of Each Receipt this Period
125.00

B. Michael F. Tews
Full Name (Last, First, Middle Initial)

Mailing Address 609 S 249th Cir

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-19

Amount of Each Receipt this Period
125.00

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

Mailing Address 12505 Ventana Mesa Cir

City Castle Pines State CO Zip Code 80108-9148

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-31

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: (check only one)	PAGE 105 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Scott P. Theodore
Full Name (Last, First, Middle Initial)

Mailing Address 12505 Ventana Mesa Cir

City Castle Pines State CO Zip Code 80108-9148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014073119748-31

Amount of Each Receipt this Period 208.00

B. Michael S. Treptow
Full Name (Last, First, Middle Initial)

Mailing Address 8207 N Gray Log Ln

City Fox Point State WI Zip Code 53217-2863

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

Name of Employer NML Occupation Dir Inv Per Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-895

Amount of Each Receipt this Period 35.00

C. Michael S. Treptow
Full Name (Last, First, Middle Initial)

Mailing Address 8207 N Gray Log Ln

City Fox Point State WI Zip Code 53217-2863

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

Name of Employer NML Occupation Dir Inv Per Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-894

Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 278.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alex J. Tronco
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Stoneridge Dr
 City Loudonville State NY Zip Code 12211-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 201407151988-58
 Amount of Each Receipt this Period
62.50

B. Alex J. Tronco
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Stoneridge Dr
 City Loudonville State NY Zip Code 12211-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 2014073119748-58
 Amount of Each Receipt this Period
62.50

C. Chris G. Trost
 Full Name (Last, First, Middle Initial)
 Mailing Address 1218 E Olive St
 City Shorewood State WI Zip Code 53211-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation Senior Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **298.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : 2014071119750-612
 Amount of Each Receipt this Period
23.00

SUBTOTAL of Receipts This Page (optional).....▶	148.00
TOTAL This Period (last page this line 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 107 OF 126
	<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. Chris G. Trost
Full Name (Last, First, Middle Initial)

Mailing Address 1218 E Olive St

City Shorewood State WI Zip Code 53211-1825

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

Name of Employer NML Occupation Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 298.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-611

Amount of Each Receipt this Period
 23.00

B. Leo C. Tucker
Full Name (Last, First, Middle Initial)

Mailing Address 605 Potomac River Rd

City Mc Lean State VA Zip Code 22102-1402

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-46

Amount of Each Receipt this Period
 125.00

C. Leo C. Tucker
Full Name (Last, First, Middle Initial)

Mailing Address 605 Potomac River Rd

City Mc Lean State VA Zip Code 22102-1402

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014073119748-46

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 273.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 126
(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. Andrew T. Vedder
 Full Name (Last, First, Middle Initial)
 Mailing Address 4856 N Bartlett Ave
 City State Zip Code
 Whitefish Bay WI 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Director- Erm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1075
 Amount of Each Receipt this Period
 23.00

B. Andrew T. Vedder
 Full Name (Last, First, Middle Initial)
 Mailing Address 4856 N Bartlett Ave
 City State Zip Code
 Whitefish Bay WI 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Director- Erm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1074
 Amount of Each Receipt this Period
 23.00

C. P. Andrew Ware
 Full Name (Last, First, Middle Initial)
 Mailing Address 7900 N Berwyn Ave
 City State Zip Code
 Glendale WI 53209-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP & Corporate Actuary
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-515
 Amount of Each Receipt this Period
 45.00

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: (check only one)	PAGE 109 OF 126
	<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. P. Andrew Ware
Full Name (Last, First, Middle Initial)

Mailing Address 7900 N Berwyn Ave

City Glendale State WI Zip Code 53209-1810

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

Name of Employer NML Occupation VP & Corporate Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-514

Amount of Each Receipt this Period 45.00

B. Andrew T. Wassweiler
Full Name (Last, First, Middle Initial)

Mailing Address 6746 W River Terrace Dr # D

City Franklin State WI Zip Code 53132-8363

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 ▼ 202.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-797

Amount of Each Receipt this Period 17.00

C. Alison F. Watson
Full Name (Last, First, Middle Initial)

Mailing Address 420 Independence Ave SE

City Washington State DC Zip Code 20003-1046

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 ▼ 700.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 2014071119750-1038

Amount of Each Receipt this Period 50.00

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: (check only one)	PAGE 110 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Alison F. Watson

Mailing Address 420 Independence Ave SE

City Washington State DC Zip Code 20003-1046

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-1037

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Jeffrey B. Williams

Mailing Address 2004 N 72nd St

City Wauwatosa State WI Zip Code 53213-1828

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

Name of Employer NML Occupation VP Nmis-Nmwmc Chief Compl Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 2014071119750-580

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Jeffrey B. Williams

Mailing Address 2004 N 72nd St

City Wauwatosa State WI Zip Code 53213-1828

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

Name of Employer NML Occupation VP Nmis-Nmwmc Chief Compl Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 2014072919749-579

Amount of Each Receipt this Period
35.00

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: (check only one)	PAGE 111 OF 126
	<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. Richard Worrell
Full Name (Last, First, Middle Initial)

Mailing Address 2423 Beretania Cir

City Charlotte State NC Zip Code 28211-3631

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2333.38

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-57

Amount of Each Receipt this Period
166.67

B. Richard Worrell
Full Name (Last, First, Middle Initial)

Mailing Address 2423 Beretania Cir

City Charlotte State NC Zip Code 28211-3631

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2333.38

Date of Receipt
07 / 31 / 2014
Transaction ID : 2014073119748-57

Amount of Each Receipt this Period
166.67

C. John William Wright II
Full Name (Last, First, Middle Initial)

Mailing Address 510 King Rd NW

City Atlanta State GA Zip Code 30342-4011

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
07 / 15 / 2014
Transaction ID : 201407151988-37

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34

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

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

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

FOR LINE NUMBER: PAGE 112 OF 126
(check only one)

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

A. John William Wright II
Full Name (Last, First, Middle Initial)
Mailing Address 510 King Rd NW
City Atlanta State GA Zip Code 30342-4011
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1400.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : 2014073119748-37
Amount of Each Receipt this Period **100.00**

B. Brian K. Yeazel
Full Name (Last, First, Middle Initial)
Mailing Address N110W5390 W Highland Dr
City Cedarburg State WI Zip Code 53012-3604
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 **252.00**

Date of Receipt **07 / 15 / 2014**
Transaction ID : 2014071119750-708
Amount of Each Receipt this Period **18.00**

C. Brian K. Yeazel
Full Name (Last, First, Middle Initial)
Mailing Address N110W5390 W Highland Dr
City Cedarburg State WI Zip Code 53012-3604
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 **252.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : 2014072919749-707
Amount of Each Receipt this Period **18.00**

SUBTOTAL of Receipts This Page (optional)..... **136.00**
TOTAL This Period (last page this line 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 113 OF 126
	<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

Full Name (Last, First, Middle Initial)
A. Conrad C. York

Mailing Address **PO Box 511100**

City Milwaukee	State WI	Zip Code 53203-0191
--------------------------	--------------------	-------------------------------

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 ▼ **1358.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 2014071119750-771

Amount of Each Receipt this Period

97.00

Full Name (Last, First, Middle Initial)
B. Conrad C. York

Mailing Address **PO Box 511100**

City Milwaukee	State WI	Zip Code 53203-0191
--------------------------	--------------------	-------------------------------

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 ▼ **1358.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 2014072919749-770

Amount of Each Receipt this Period

97.00

Full Name (Last, First, Middle Initial)
C. Catherine M. Young

Mailing Address **929 N Astor St**

City Milwaukee	State WI	Zip Code 53202-7000
--------------------------	--------------------	-------------------------------

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

Name of Employer NML	Occupation Ast Gn Cn & Ast Sec/Re
--------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 2014071119750-1085

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....▶	229.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Catherine M. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 N Astor St
 City Milwaukee State WI Zip Code 53202-7000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014072919749-1084
 Amount of Each Receipt this Period 35.00

B. T. Scott Zach
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 Country Creek Ln
 City Cedar Rapids State IA Zip Code 52403-7023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2014
Transaction ID : 201407151988-52
 Amount of Each Receipt this Period 125.00

C. T. Scott Zach
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 Country Creek Ln
 City Cedar Rapids State IA Zip Code 52403-7023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2014
Transaction ID : 2014073119748-52
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thomas D. Zale
Full Name (Last, First, Middle Initial)

Mailing Address 2818 E Menlo Blvd

City Shorewood State WI Zip Code 53211-2652

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 15 / 2014**

Transaction ID : 2014071119750-794

Amount of Each Receipt this Period **50.00**

B. Thomas D. Zale
Full Name (Last, First, Middle Initial)

Mailing Address 2818 E Menlo Blvd

City Shorewood State WI Zip Code 53211-2652

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 31 / 2014**

Transaction ID : 2014072919749-793

Amount of Each Receipt this Period **50.00**

C. Diana M. Zawada
Full Name (Last, First, Middle Initial)

Mailing Address N1 W31143 Wildwood T

City Delafield State WI Zip Code 53018

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

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **284.00**

Date of Receipt **07 / 15 / 2014**

Transaction ID : 2014071119750-772

Amount of Each Receipt this Period **22.00**

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 116 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Diana M. Zawada
Full Name (Last, First, Middle Initial)

Mailing Address N1 W31143 Wildwood T

City Delafield	State WI	Zip Code 53018
-------------------	-------------	-------------------

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

Name of Employer NML	Occupation Dir-Enterprise Vendor Mgmt
-------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 2014072919749-771

Amount of Each Receipt this Period

400.00

22.00

B. Rick T. Zehner
Full Name (Last, First, Middle Initial)

Mailing Address 203 W Ravine Baye Rd

City Bayside	State WI	Zip Code 53217-1334
-----------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Research & Special Projects
-------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 2014071119750-976

Amount of Each Receipt this Period

400.00

40.00

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

Mailing Address 203 W Ravine Baye Rd

City Bayside	State WI	Zip Code 53217-1334
-----------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Research & Special Projects
-------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 2014072919749-975

Amount of Each Receipt this Period

400.00

40.00

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 117 OF 126
(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

Full Name (Last, First, Middle Initial)
A. Todd O. Zinkgraf

Mailing Address 118 Ferris Dr

City State Zip Code
 North Prairie WI 53153-9455

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

Name of Employer Occupation
 NML VP Ent Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1148.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 2014071119750-1005

Amount of Each Receipt this Period
 82.00

Full Name (Last, First, Middle Initial)
B. Todd O. Zinkgraf

Mailing Address 118 Ferris Dr

City State Zip Code
 North Prairie WI 53153-9455

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

Name of Employer Occupation
 NML VP Ent Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1148.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : 2014072919749-1004

Amount of Each Receipt this Period
 82.00

Full Name (Last, First, Middle Initial)
C. Jeffrey Zuzolo

Mailing Address 104 Wildwood Dr

City State Zip Code
 Avon CT 06001-4413

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : 201407151988-13

Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **372.00**

TOTAL This Period (last page this line 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 118 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Zuzolo

Mailing Address 104 Wildwood Dr

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 ▼
2912.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : 2014073119748-13

Amount of Each Receipt this Period
208.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	208.00
TOTAL This Period (last page this line number only).....▶	27643.66

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

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

FOR LINE NUMBER: PAGE 119 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ryan for Congress, Inc.

Mailing Address **PO Box 1488**

City **Janesville** State **WI** Zip Code **53547-1488**

FEC ID number of contributing federal political committee. **C C00330894**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 31 / 2014

Transaction ID : 53A740AFE1D438535CD

Amount of Each Receipt this Period
5000.00

Refund of 7/8/14 Disburse to Prosperity Action Inc. Erroneously Deposited in Ryan for Congress

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. US Bank

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Service Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A2C069A2D2960271170

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Ann Wagner for Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
2014 General

011

Candidate Name

Ann L. Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	4

Transaction ID : 904486F3C9361522B0F

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2014 General

011

Candidate Name

Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	4

Transaction ID : B805AC66FC97AB675DF

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Chris Gibson for Congress

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
2014 General

011

Candidate Name

Christopher Patrick Gibson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	4

Transaction ID : DFA43DD38D743291ED9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

8	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0

8	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0

**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

Full Name (Last, First, Middle Initial)

A. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Citizens for Prosperity in America Today PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	4

Transaction ID : 35CD04B878423C7AB37

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
2014 General

011

Candidate Name

Susan Margaret Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	4

Transaction ID : 7D59D75BBDFD81EC03

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Connolly for Congress

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
2014 General

011

Candidate Name

Gerald E. Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

Transaction ID : 86D309A5CD81FEF53FE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Grassroots Organizing Acting & Leading PAC - GoalPAC

Mailing Address PO Box 30344

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Grassroots Organizing Acting & Leading PAC - GoalPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2014

Transaction ID : 370A6D625A012E31E32

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City State Zip Code
Topeka KS 66601-1441

Purpose of Disbursement
2014 General

011

Candidate Name
Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2014

Transaction ID : 08C1A243527C0DC50A3

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement
2014 General

011

Candidate Name
Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2014

Transaction ID : 11AEE33B1BE3AA75DDE

Amount of Each Disbursement this Period

3000.00

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

10000.00

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

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

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

Full Name (Last, First, Middle Initial)

A. People for Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2014

Transaction ID : 023F0EFA99FA9A4EF83

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Perlmutter for Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
2014 General

011

Candidate Name

Edwin G. Perlmutter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2014

Transaction ID : 5FAA93109B1F463B4D8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Prosperity Action Inc.

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Prosperity Action Inc.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2014

Transaction ID : A7ADC6C436F5FE8461C

Amount of Each Disbursement this Period

5000.00

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

6500.00

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

Full Name (Last, First, Middle Initial)

A. Prosperity Action Inc.

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 7/8/14 Disbursement Erroneously Deposited in account of Ryan for Congress

011

Candidate Name

Prosperity Action Inc.

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : 8C2E1C5AD641DA51632

Amount of Each Disbursement this Period

-5000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement 7/8/14 Disbursement to Prosperity Action Inc. Erroneously Deposited in account of Ryan for Congress

011

Candidate Name

Paul Ryan

Category/Type

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2014

Transaction ID : 6687538DC92A286A6B1

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. The Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City Washington State DC Zip Code 20035-5314

Purpose of Disbursement 2014 Contribution

011

Candidate Name

The Committee for the Preservation of Capitalism

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : 2A4E1FE86FDD895AD58

Amount of Each Disbursement this Period

500.00

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

500.00

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

Full Name (Last, First, Middle Initial)

A. Vargas for Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Juan C. Vargas

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : CE97A277B36E121E4BF

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Young for Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261-0162

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

David Young

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

Transaction ID : D831E7A8B387EA67CCA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00

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

35000.00