

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 2010

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

Type or Print Name of Treasurer Loretta Mlekoday

Signature of Treasurer Electronically Filed by Loretta Mlekoday Date 11 30 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		183558.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	156106.63									
(c) Total Receipts (from Line 19)	49003.96	324630.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	205110.59	508188.65								
7. Total Disbursements (from Line 31)	13392.62	316470.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	191717.97	191717.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	40360.80	243807.22
(ii) Unitemized	5141.92	72311.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45502.72	316118.70
(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)	45502.72	316118.70
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	3500.00	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.24	11.73
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49003.96	324630.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49003.96	324630.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	392.62	970.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	392.62	970.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	304000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	11500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13392.62	316470.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13392.62	316470.68

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	45502.72	316118.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45502.72	316118.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	392.62	970.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	392.62	970.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 231
(check only one)

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

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

A.

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

Mailing Address 609 Laurel Dr

City Thiensville State WI Zip Code 53092-1323

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

Name of Employer NML Occupation Dir Fld Invst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-503

Amount of Each Receipt this Period 11.00

B.

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

Mailing Address 609 Laurel Dr

City Thiensville State WI Zip Code 53092-1323

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

Name of Employer NML Occupation Dir Fld Invst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-503

Amount of Each Receipt this Period 11.00

C.

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

Mailing Address 609 Laurel Dr

City Thiensville State WI Zip Code 53092-1323

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

Name of Employer NML Occupation Dir Fld Invst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111119151-501

Amount of Each Receipt this Period 11.00

SUBTOTAL of Receipts This Page (optional) ► 33.00

TOTAL This Period (last page this line number 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 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 Ast Gn Cnl/Ins

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-646
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Mark J. Backe

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 Ast Gn Cnl/Ins

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-646
Amount of Each Receipt this Period 20.00

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

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 Ast Gn Cnl/Ins

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-644
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 231
(check only one)

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

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

A.

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

Mailing Address 19820 Tralee Ct

City State Zip Code
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

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

Transaction ID: 2010101319549-685

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 19820 Tralee Ct

City State Zip Code
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

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

Transaction ID: 2010102719120-685

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 19820 Tralee Ct

City State Zip Code
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

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

Transaction ID: 2010111119151-683

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 231					
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) David A. Barras			Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 8700 W Bennington Ct			Transaction ID: 2010101319549-665		
	City Mequon	State WI	Zip Code 53097-3440	Amount of Each Receipt this Period 18.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer NML		Occupation Managing Director			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.00			

B.	Full Name (Last, First, Middle Initial) David A. Barras			Date of Receipt MM / DD / YYYY 10 / 31 / 2010		
	Mailing Address 8700 W Bennington Ct			Transaction ID: 2010102719120-665		
	City Mequon	State WI	Zip Code 53097-3440	Amount of Each Receipt this Period 18.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer NML		Occupation Managing Director			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.00			

C.	Full Name (Last, First, Middle Initial) David A. Barras			Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 8700 W Bennington Ct			Transaction ID: 2010111119151-663		
	City Mequon	State WI	Zip Code 53097-3440	Amount of Each Receipt this Period 18.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer NML		Occupation Managing Director			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 231
(check only one)

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

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

A.

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

Mailing Address 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 Dir Ret Mkts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-815

Amount of Each Receipt this Period 15.00

B.

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

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 Dir Ret Mkts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-815

Amount of Each Receipt this Period 15.00

C.

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

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 Dir Ret Mkts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111119151-812

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

A.

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

Mailing Address 1671 Deer Springs Cir

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

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

Transaction ID: 201010151914-6

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 1671 Deer Springs Cir

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

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

Transaction ID: 201010291915-6

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 1671 Deer Springs Cir

City Bettendorf State IA Zip Code 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

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

Transaction ID: 2010111519234-5

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **126.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 231

(check only one)

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

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

A.

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

Mailing Address 5413 Mount Corcoran PI

City State Zip Code
Burke VA 22015-2188

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

Name of Employer NML Occupation
VP Federal Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 735.00

Date of Receipt

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

Transaction ID: 2010101319549-543

Amount of Each Receipt this Period

35.00

B.

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

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 NML Occupation
VP Federal Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 735.00

Date of Receipt

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

Transaction ID: 2010102719120-543

Amount of Each Receipt this Period

35.00

C.

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

Mailing Address 5413 Mount Corcoran PI

City State Zip Code
Burke VA 22015-2188

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

Name of Employer NML Occupation
VP Federal Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 735.00

Date of Receipt

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

Transaction ID: 2010111119151-541

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 231
(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)
Blaise C. Beaulier

Mailing Address 23300 Dover Line Rd

City Waterford State WI Zip Code 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-954
 Amount of Each Receipt this Period 26.00

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

Mailing Address 23300 Dover Line Rd

City Waterford State WI Zip Code 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-954
 Amount of Each Receipt this Period 26.00

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

Mailing Address 23300 Dover Line Rd

City Waterford State WI Zip Code 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-950
 Amount of Each Receipt this Period 26.00

SUBTOTAL of Receipts This Page (optional) ► 78.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 231
(check only one)

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

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

A.

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

Mailing Address 3387 Hampton Ct

City State Zip Code
Thousand Oaks CA 91362-1130

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: 201010151914-43

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 3387 Hampton Ct

City State Zip Code
Thousand Oaks CA 91362-1130

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: 201010291915-43

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 3387 Hampton Ct

City State Zip Code
Thousand Oaks CA 91362-1130

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: 2010111519234-42

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Philip Bender

Mailing Address 116 Belden Hill Rd

City State Zip Code
Wilton CT 06897-2911

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: 201010151914-46

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
J. Philip Bender

Mailing Address 116 Belden Hill Rd

City State Zip Code
Wilton CT 06897-2911

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: 201010291915-46

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
J. Philip Bender

Mailing Address 116 Belden Hill Rd

City State Zip Code
Wilton CT 06897-2911

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: 2010111519234-45

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 231		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Beth M. Berger		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 4141 N Murray Ave		Transaction ID: 2010101319549-540		
	City Shorewood	State WI	Zip Code 53211-2011	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Ast Gn Cnl/Secur	Aggregate Year-to-Date 630.00		

B.	Full Name (Last, First, Middle Initial) Beth M. Berger		Date of Receipt MM / DD / YYYY 10 / 31 / 2010		
	Mailing Address 4141 N Murray Ave		Transaction ID: 2010102719120-540		
	City Shorewood	State WI	Zip Code 53211-2011	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Ast Gn Cnl/Secur	Aggregate Year-to-Date 630.00		

C.	Full Name (Last, First, Middle Initial) Beth M. Berger		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 4141 N Murray Ave		Transaction ID: 2010111119151-538		
	City Shorewood	State WI	Zip Code 53211-2011	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Ast Gn Cnl/Secur	Aggregate Year-to-Date 630.00		

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Frederick W. Bessette	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address N43W33223 Glen Parc Cir	Transaction ID: 2010101319549-502
	City State Zip Code Nashotah WI 53058-9560	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Ast Gn Cnl/Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 231.00	

B.	Full Name (Last, First, Middle Initial) Frederick W. Bessette	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address N43W33223 Glen Parc Cir	Transaction ID: 2010102719120-502
	City State Zip Code Nashotah WI 53058-9560	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Ast Gn Cnl/Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 231.00	

C.	Full Name (Last, First, Middle Initial) Frederick W. Bessette	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address N43W33223 Glen Parc Cir	Transaction ID: 2010111119151-500
	City State Zip Code Nashotah WI 53058-9560	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Ast Gn Cnl/Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 231.00	

SUBTOTAL of Receipts This Page (optional)	33.00
TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

A.

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

Mailing Address 1140 Burnet St

City State Zip Code
Brookfield WI 53005-6835

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

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

Transaction ID: 2010101319549-977

Amount of Each Receipt this Period
15.00

B.

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

Mailing Address 1140 Burnet St

City State Zip Code
Brookfield WI 53005-6835

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

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

Transaction ID: 2010102719120-977

Amount of Each Receipt this Period
15.00

C.

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

Mailing Address 1140 Burnet St

City State Zip Code
Brookfield WI 53005-6835

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

Name of Employer NML Occupation Rvp Fld Supv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

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

Transaction ID: 2010111119151-973

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

TOTAL This Period (last page this line 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 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dwaan C. Black		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3520 Dumbarton Rd NW		Transaction ID: 201010151914-38
	City Atlanta	State GA	Zip Code 30327-2614
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Dwaan C. Black		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 3520 Dumbarton Rd NW		Transaction ID: 201010291915-38
	City Atlanta	State GA	Zip Code 30327-2614
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Dwaan C. Black		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 3520 Dumbarton Rd NW		Transaction ID: 2010111519234-37
	City Atlanta	State GA	Zip Code 30327-2614
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Garrett J. Bleakley		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 5460 Chelsea Ave		Transaction ID: 201010151914-18
City La Jolla	State CA	Zip Code 92037-7607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.

Full Name (Last, First, Middle Initial) Garrett J. Bleakley		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 5460 Chelsea Ave		Transaction ID: 201010291915-18
City La Jolla	State CA	Zip Code 92037-7607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.

Full Name (Last, First, Middle Initial) Garrett J. Bleakley		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 5460 Chelsea Ave		Transaction ID: 2010111519234-17
City La Jolla	State CA	Zip Code 92037-7607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Deborah S. Bletzinger

Mailing Address 3146 S 29th St

City Milwaukee State WI Zip Code 53215-4310

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

Name of Employer NML Occupation Asst Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-927

Amount of Each Receipt this Period 12.00

B.

Full Name (Last, First, Middle Initial)
Deborah S. Bletzinger

Mailing Address 3146 S 29th St

City Milwaukee State WI Zip Code 53215-4310

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

Name of Employer NML Occupation Asst Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-927

Amount of Each Receipt this Period 12.00

C.

Full Name (Last, First, Middle Initial)
Deborah S. Bletzinger

Mailing Address 3146 S 29th St

City Milwaukee State WI Zip Code 53215-4310

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

Name of Employer NML Occupation Asst Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111119151-924

Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional) ► **36.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Debra Blevons		Date of Receipt
	Mailing Address 165 S Pine Ct		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Appleton	WI	54914-8222
	FEC ID number of contributing federal political committee. C		Transaction ID: 201010151914-73
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="882.00"/>	<input type="text" value="42.00"/>

B.	Full Name (Last, First, Middle Initial) Debra Blevons		Date of Receipt
	Mailing Address 165 S Pine Ct		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Appleton	WI	54914-8222
	FEC ID number of contributing federal political committee. C		Transaction ID: 201010291915-73
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="882.00"/>	<input type="text" value="42.00"/>

C.	Full Name (Last, First, Middle Initial) Debra Blevons		Date of Receipt
	Mailing Address 165 S Pine Ct		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Appleton	WI	54914-8222
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010111519234-72
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="882.00"/>	<input type="text" value="42.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="126.00"/>
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 23 / 231
(check only one)

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

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

A.

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

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 ▼ 4368.00

Date of Receipt: 10 / 15 / 2010

Transaction ID: 201010151914-20

Amount of Each Receipt this Period: 208.00

B.

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

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 ▼ 4368.00

Date of Receipt: 10 / 31 / 2010

Transaction ID: 201010291915-20

Amount of Each Receipt this Period: 208.00

C.

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

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 ▼ 4368.00

Date of Receipt: 11 / 15 / 2010

Transaction ID: 2010111519234-19

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 24 / 231
(check only one)

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

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

A.

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

Mailing Address 15375 Kata Dr

City State Zip Code
Elm Grove WI 53122-1028

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

Name of Employer NML Occupation VP - Era

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

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

Transaction ID: 2010101319549-825

Amount of Each Receipt this Period
44.00

B.

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

Mailing Address 15375 Kata Dr

City State Zip Code
Elm Grove WI 53122-1028

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

Name of Employer NML Occupation VP - Era

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

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

Transaction ID: 2010102719120-825

Amount of Each Receipt this Period
44.00

C.

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

Mailing Address 15375 Kata Dr

City State Zip Code
Elm Grove WI 53122-1028

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

Name of Employer NML Occupation VP - Era

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

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

Transaction ID: 2010111119151-822

Amount of Each Receipt this Period
44.00

SUBTOTAL of Receipts This Page (optional) ► **132.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 231

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Ave

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

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

Transaction ID: 2010101319549-840

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Ave

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

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

Transaction ID: 2010102719120-840

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Ave

City State Zip Code
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

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

Transaction ID: 2010111119151-837

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jennifer L. Brase		Date of Receipt
	Mailing Address 12877 N Cobblestone Ct		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mequon	WI	53097-1812
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010101319549-860
Name of Employer NML		Occupation VP Agency Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="465.00"/>	

B.	Full Name (Last, First, Middle Initial) Jennifer L. Brase		Date of Receipt
	Mailing Address 12877 N Cobblestone Ct		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mequon	WI	53097-1812
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010102719120-860
Name of Employer NML		Occupation VP Agency Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="465.00"/>	

C.	Full Name (Last, First, Middle Initial) Jennifer L. Brase		Date of Receipt
	Mailing Address 12877 N Cobblestone Ct		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mequon	WI	53097-1812
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010111119151-857
Name of Employer NML		Occupation VP Agency Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="465.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
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 27 / 231
(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)
Kristofer D. Breitzman

Mailing Address W290N3649 Tall Tree Ct

City State Zip Code
Pewaukee WI 53072-3152

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 ▼ 420.00

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

Transaction ID: 2010101319549-938

Amount of Each Receipt this Period
20.00

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

Mailing Address W290N3649 Tall Tree Ct

City State Zip Code
Pewaukee WI 53072-3152

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 ▼ 420.00

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

Transaction ID: 2010102719120-938

Amount of Each Receipt this Period
20.00

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

Mailing Address W290N3649 Tall Tree Ct

City State Zip Code
Pewaukee WI 53072-3152

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 ▼ 420.00

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

Transaction ID: 2010111119151-935

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 231

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Anne T. Brower

Mailing Address 2314 E Edgewood Ave

City State Zip Code
Shorewood WI 53211-2939

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

Name of Employer NML Occupation
Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

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

Transaction ID: 2010101319549-528

Amount of Each Receipt this Period
12.00

B.

Full Name (Last, First, Middle Initial)
Anne T. Brower

Mailing Address 2314 E Edgewood Ave

City State Zip Code
Shorewood WI 53211-2939

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

Name of Employer NML Occupation
Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

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

Transaction ID: 2010102719120-528

Amount of Each Receipt this Period
12.00

C.

Full Name (Last, First, Middle Initial)
Anne T. Brower

Mailing Address 2314 E Edgewood Ave

City State Zip Code
Shorewood WI 53211-2939

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

Name of Employer NML Occupation
Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

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

Transaction ID: 2010111119151-526

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Paul S. Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
Mailing Address 7111 W Greyhawk Ln		Transaction ID: 2010101319549-993
City Franklin	State WI	Zip Code 53132-8023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer NML	Occupation Director IS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

B.

Full Name (Last, First, Middle Initial) Paul S. Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0
Mailing Address 7111 W Greyhawk Ln		Transaction ID: 2010102719120-993
City Franklin	State WI	Zip Code 53132-8023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer NML	Occupation Director IS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

C.

Full Name (Last, First, Middle Initial) Paul S. Brown		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
Mailing Address 7111 W Greyhawk Ln		Transaction ID: 2010111119151-989
City Franklin	State WI	Zip Code 53132-8023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer NML	Occupation Director IS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Pency P. Byhardt		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address W148N10042 Windsong Cir E		Transaction ID: 2010101319549-1022
City Germantown	State WI	Zip Code 53022-5274
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation VP Field Services & Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.

Full Name (Last, First, Middle Initial) Pency P. Byhardt		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address W148N10042 Windsong Cir E		Transaction ID: 2010102719120-1022
City Germantown	State WI	Zip Code 53022-5274
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation VP Field Services & Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

C.

Full Name (Last, First, Middle Initial) Pency P. Byhardt		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address W148N10042 Windsong Cir E		Transaction ID: 2010111119151-1018
City Germantown	State WI	Zip Code 53022-5274
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation VP Field Services & Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	36.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 395 La Casa Via

City State Zip Code
Walnut Creek CA 94598-4842

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 201010151914-36

Amount of Each Receipt this Period
125.00

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

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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 201010291915-36

Amount of Each Receipt this Period
125.00

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

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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 2010111519234-35

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Susan W. Callanan		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 2736 N Shepard Ave		Transaction ID: 2010101319549-1062
City Milwaukee	State WI	Zip Code 53211-3852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer NML	Occupation Legislative Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00	

B.

Full Name (Last, First, Middle Initial) Susan W. Callanan		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 2736 N Shepard Ave		Transaction ID: 2010102719120-1062
City Milwaukee	State WI	Zip Code 53211-3852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer NML	Occupation Legislative Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00	

C.

Full Name (Last, First, Middle Initial) Susan W. Callanan		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2736 N Shepard Ave		Transaction ID: 2010111119151-1058
City Milwaukee	State WI	Zip Code 53211-3852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer NML	Occupation Legislative Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7322 N Mohawk Rd

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: 2010101319549-959

Amount of Each Receipt this Period
75.00

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

Mailing Address 7322 N Mohawk Rd

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2010

Transaction ID: 2010102719120-959

Amount of Each Receipt this Period
75.00

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

Mailing Address 7322 N Mohawk Rd

City State Zip Code
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2010

Transaction ID: 2010111119151-955

Amount of Each Receipt this Period
75.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

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

Transaction ID: 201010291915-53

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

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

Transaction ID: 2010111519234-52

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 12 High Meadow Ln

City State Zip Code
Amherst NH 03031-2554

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

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

Transaction ID: 201010151914-52

Amount of Each Receipt this Period
125.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Scott G. Christensen		Date of Receipt
	Mailing Address 12 High Meadow Ln		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Amherst	NH	03031-2554
	FEC ID number of contributing federal political committee.		Transaction ID: 201010291915-52
		Amount of Each Receipt this Period	
		<input type="text" value="125.00"/>	
Name of Employer Self-Employed		Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2625.00"/>	

B.	Full Name (Last, First, Middle Initial) Scott G. Christensen		Date of Receipt
	Mailing Address 12 High Meadow Ln		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Amherst	NH	03031-2554
	FEC ID number of contributing federal political committee.		Transaction ID: 2010111519234-51
		Amount of Each Receipt this Period	
		<input type="text" value="125.00"/>	
Name of Employer Self-Employed		Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2625.00"/>	

C.	Full Name (Last, First, Middle Initial) Eric P. Christophersen		Date of Receipt
	Mailing Address N55W21701 Adamdale Dr		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Menomonee Falls	WI	53051-6272
	FEC ID number of contributing federal political committee.		Transaction ID: 2010101319549-686
		Amount of Each Receipt this Period	
		<input type="text" value="57.00"/>	
Name of Employer NML		Occupation Pres & CEO Wealth Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1149.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="307.00"/>
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 36 / 231
(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)
Eric P. Christophersen

Mailing Address N55W21701 Adamdale Dr

City State Zip Code
Menomonee Falls WI 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 ▼ 1149.00

Date of Receipt MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-686

Amount of Each Receipt this Period 57.00

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

Mailing Address N55W21701 Adamdale Dr

City State Zip Code
Menomonee Falls WI 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 ▼ 1149.00

Date of Receipt MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-684

Amount of Each Receipt this Period 57.00

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

Mailing Address 923 E Kilbourn Ave

City State Zip Code
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2424.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-660

Amount of Each Receipt this Period 112.00

SUBTOTAL of Receipts This Page (optional) ► 226.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 923 E Kilbourn Ave

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2424.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-660
Amount of Each Receipt this Period 112.00

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

Mailing Address 923 E Kilbourn Ave

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2424.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-658
Amount of Each Receipt this Period 112.00

C. Full Name (Last, First, Middle Initial)
R. Michael Condrey

Mailing Address 907 Williamson Dr

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-13
Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ▶ 432.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 231
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
R. Michael Condrey

Mailing Address 907 Williamson Dr

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-13

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
R. Michael Condrey

Mailing Address 907 Williamson Dr

City Raleigh State NC Zip Code 27608-2307

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-12

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Tait Cruse

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 ▼ 4368.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 201010151914-42

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 39 / 231

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Tait Cruse

Mailing Address 2961 Belclaire Dr

City State Zip Code
Frisco TX 75034-5969

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4368.00

Date of Receipt

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

Transaction ID: 201010291915-42

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
Tait Cruse

Mailing Address 2961 Belclaire Dr

City State Zip Code
Frisco TX 75034-5969

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4368.00

Date of Receipt

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

Transaction ID: 2010111519234-41

Amount of Each Receipt this Period

208.00

C.

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

Mailing Address 6251 S Billings Way

City State Zip Code
Centennial CO 80111-6009

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

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

Transaction ID: 201010151914-35

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

466.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 231
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 6251 S Billings Way		Transaction ID: 201010291915-35
City Centennial	State CO	Zip Code 80111-6009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.

Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 6251 S Billings Way		Transaction ID: 2010111519234-34
City Centennial	State CO	Zip Code 80111-6009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

C.

Full Name (Last, First, Middle Initial) Jefferson V. De Angelis		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 4449 W Donges Bay Rd		Transaction ID: 2010101319549-564
City Mequon	State WI	Zip Code 53092-4883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 151.00
Name of Employer NML	Occupation President Msa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3387.00	

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

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

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

FOR LINE NUMBER: PAGE 41 / 231

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jefferson V. De Angelis

Mailing Address 4449 W Donges Bay Rd

City State Zip Code
Mequon WI 53092-4883

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

Name of Employer NML Occupation President Msa

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3387.00

Date of Receipt

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

Transaction ID: 2010102719120-564

Amount of Each Receipt this Period
151.00

B.

Full Name (Last, First, Middle Initial)
Jefferson V. De Angelis

Mailing Address 4449 W Donges Bay Rd

City State Zip Code
Mequon WI 53092-4883

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

Name of Employer NML Occupation President Msa

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3387.00

Date of Receipt

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

Transaction ID: 2010111119151-562

Amount of Each Receipt this Period
151.00

C.

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

Mailing Address 5799 Sunset Ln

City State Zip Code
Indianapolis IN 46228-1447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4368.00

Date of Receipt

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

Transaction ID: 201010151914-11

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶

510.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5799 Sunset Ln

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-11
Amount of Each Receipt this Period 208.00

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

Mailing Address 5799 Sunset Ln

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-10
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Blane Dexheimer

Mailing Address 350 Sheffield Dr

City Brookfield State WI Zip Code 53005-7926

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 11 / 15 / 2010
Transaction ID: 2010111119151-540
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 426.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 231
(check only one)

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

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

A.

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

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 201010151914-7

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-7

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address RR 1 Box 51B

City Ripley State WV Zip Code 25271-9705

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-6

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Paul Dodd		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 7078 E Genesee St		Transaction ID: 201010151914-39
City Fayetteville	State NY	Zip Code 13066-1123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1872.00	

B.

Full Name (Last, First, Middle Initial) Paul Dodd		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 7078 E Genesee St		Transaction ID: 201010291915-39
City Fayetteville	State NY	Zip Code 13066-1123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1872.00	

C.

Full Name (Last, First, Middle Initial) Paul Dodd		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 7078 E Genesee St		Transaction ID: 2010111519234-38
City Fayetteville	State NY	Zip Code 13066-1123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1872.00	

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 45 / 231
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 8420 N Pelican Ln		Transaction ID: 2010101319549-839		
	City River Hills	State WI	Zip Code 53217-2058	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & CIO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4368.00			

B.	Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 10 / 31 / 2010		
	Mailing Address 8420 N Pelican Ln		Transaction ID: 2010102719120-839		
	City River Hills	State WI	Zip Code 53217-2058	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & CIO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4368.00			

C.	Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 8420 N Pelican Ln		Transaction ID: 2010111119151-836		
	City River Hills	State WI	Zip Code 53217-2058	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & CIO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4368.00			

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 46 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Steven Dugal
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 ▼ 1248.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-40
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Steven Dugal
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 ▼ 1248.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-40
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Steven Dugal
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 ▼ 1248.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-39
Amount of Each Receipt this Period 208.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 231

(check only one)

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

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

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

A.

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

Mailing Address N71W31034 Lower Club Cir W

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 777.00

Date of Receipt

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

Transaction ID: 2010101319549-614

Amount of Each Receipt this Period
37.00

B.

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

Mailing Address N71W31034 Lower Club Cir W

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 777.00

Date of Receipt

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

Transaction ID: 2010102719120-614

Amount of Each Receipt this Period
37.00

C.

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

Mailing Address N71W31034 Lower Club Cir W

City State Zip Code
Hartland WI 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 777.00

Date of Receipt

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

Transaction ID: 2010111119151-612

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 231
(check only one)

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

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

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

A.

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

Mailing Address 2520 Hanford 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 ▼ 3150.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 201010151914-44

Amount of Each Receipt this Period 150.00

B.

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

Mailing Address 2520 Hanford Ln

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-44

Amount of Each Receipt this Period 150.00

C.

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

Mailing Address 2520 Hanford Ln

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-43

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Eric J. Ekeroth

Mailing Address 19672 Stanford Hall PI

City State Zip Code
Ashburn VA 20147-5223

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

Name of Employer NML Occupation Director Field Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2010

Transaction ID: 201011119151-579

Amount of Each Receipt this Period
10.00

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

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: 2010101319549-874

Amount of Each Receipt this Period
38.00

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

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2010

Transaction ID: 2010102719120-874

Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional) ► **86.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 231

(check only one)

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

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

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

A.

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

Mailing Address 9927 N Valley Hill D

City State Zip Code
Mequon WI 53092

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

Name of Employer Occupation
NML Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 798.00

Date of Receipt

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

Transaction ID: 201011119151-871

Amount of Each Receipt this Period
38.00

B.

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

Mailing Address 4807 Timberwood Ct

City State Zip Code
West Des Moines IA 50265-5447

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 882.00

Date of Receipt

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

Transaction ID: 201010151914-29

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 4807 Timberwood Ct

City State Zip Code
West Des Moines IA 50265-5447

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 882.00

Date of Receipt

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

Transaction ID: 201010291915-29

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ▶

122.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Keith A. Erhard
Mailing Address 4807 Timberwood Ct
City West Des Moines State IA Zip Code 50265-5447
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 882.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-28
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
John C. Ertz
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 ▼ 1470.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-28
Amount of Each Receipt this Period 70.00

C. Full Name (Last, First, Middle Initial)
John C. Ertz
Mailing Address 18235 Shaker Blvd
City 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 ▼ 1470.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-28
Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► 182.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 231
(check only one)

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

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

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

A.

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

Mailing Address 18235 Shaker Blvd

City State Zip Code
Shaker Heights OH 44120-1754

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

Name of Employer Self-Employed Occupation
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1470.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-27

Amount of Each Receipt this Period
70.00

B.

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

Mailing Address 410 W Manor Cir

City State Zip Code
Bayside WI 53217-1732

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

Name of Employer NML Occupation
Dir Field Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-881

Amount of Each Receipt this Period
15.00

C.

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

Mailing Address 410 W Manor Cir

City State Zip Code
Bayside WI 53217-1732

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

Name of Employer NML Occupation
Dir Field Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-878

Amount of Each Receipt this Period
15.00

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 53 / 231
(check only one)

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

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

A.

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

Mailing Address 9230 N Fairway Dr

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1785.00

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

Transaction ID: 2010101319549-901

Amount of Each Receipt this Period
85.00

B.

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

Mailing Address 9230 N Fairway Dr

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1785.00

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

Transaction ID: 2010102719120-901

Amount of Each Receipt this Period
85.00

C.

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

Mailing Address 9230 N Fairway Dr

City State Zip Code
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1785.00

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

Transaction ID: 2010111119151-898

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **255.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 369 Sunshine Dr

City 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 ▼ 315.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 2010101319549-905
 Amount of Each Receipt this Period: 15.00

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

Mailing Address 369 Sunshine Dr

City Hartland State WI Zip Code 53029-8559

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 31 / 2010
Transaction ID: 2010102719120-905
 Amount of Each Receipt this Period: 15.00

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

Mailing Address 369 Sunshine Dr

City Hartland State WI Zip Code 53029-8559

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

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 2010111119151-902
 Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 231
(check only one)

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

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

A.

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

Mailing Address 1638 Del Dayo Dr

City State Zip Code
Carmichael CA 95608-6052

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

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

Transaction ID: 201010151914-32

Amount of Each Receipt this Period
208.00

B.

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

Mailing Address 1638 Del Dayo Dr

City State Zip Code
Carmichael CA 95608-6052

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

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

Transaction ID: 201010291915-32

Amount of Each Receipt this Period
208.00

C.

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

Mailing Address 1638 Del Dayo Dr

City State Zip Code
Carmichael CA 95608-6052

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

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

Transaction ID: 2010111519234-31

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 56 / 231
(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)
Donald Forecki
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 ▼ 315.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-768
Amount of Each Receipt this Period 15.00

B. Full Name (Last, First, Middle Initial)
Donald Forecki
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 ▼ 315.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-768
Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
Donald Forecki
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 ▼ 315.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-765
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00
TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

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

A.

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

Mailing Address 115 Hillside Rd

City State Zip Code
Mechanicsburg PA 17050-1728

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-54

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 115 Hillside Rd

City State Zip Code
Mechanicsburg PA 17050-1728

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-54

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 115 Hillside Rd

City State Zip Code
Mechanicsburg PA 17050-1728

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-53

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **126.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 231
(check only one)

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

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

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

A.

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

Mailing Address 2224 E 24th St

City State Zip Code
Tulsa OK 74114-2912

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1179.00

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

Transaction ID: 201010151914-56

Amount of Each Receipt this Period
75.00

B.

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

Mailing Address 2224 E 24th St

City State Zip Code
Tulsa OK 74114-2912

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1179.00

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

Transaction ID: 201010291915-56

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address 2224 E 24th St

City State Zip Code
Tulsa OK 74114-2912

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1179.00

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

Transaction ID: 2010111519234-55

Amount of Each Receipt this Period
75.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 231
(check only one)

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

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

A.

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

Mailing Address 1462 Willow Dr

City State Zip Code
Port Washington WI 53074-2464

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

Name of Employer NML Occupation Dir Di Sls Strt Spt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

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

Transaction ID: 2010101319549-1052

Amount of Each Receipt this Period
13.00

B.

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

Mailing Address 1462 Willow Dr

City State Zip Code
Port Washington WI 53074-2464

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

Name of Employer NML Occupation Dir Di Sls Strt Spt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

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

Transaction ID: 2010102719120-1052

Amount of Each Receipt this Period
13.00

C.

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

Mailing Address 1462 Willow Dr

City State Zip Code
Port Washington WI 53074-2464

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

Name of Employer NML Occupation Dir Di Sls Strt Spt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

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

Transaction ID: 2010111119151-1048

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional) ► 39.00

TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

A.

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

Mailing Address 5 Gennaro Cir

City State Zip Code
Wayland MA 01778-4436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

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

Transaction ID: 201010151914-27

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 5 Gennaro Cir

City State Zip Code
Wayland MA 01778-4436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

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

Transaction ID: 201010291915-27

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 5 Gennaro Cir

City State Zip Code
Wayland MA 01778-4436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

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

Transaction ID: 2010111519234-26

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Anne A. Frigo	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 4856 N Woodruff Ave	Transaction ID: 2010102719120-621
	City State Zip Code Whitefish Bay WI 53217-5964	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NML	Occupation Dir Ins Prod Compl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

B.	Full Name (Last, First, Middle Initial) Anne A. Frigo	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 4856 N Woodruff Ave	Transaction ID: 2010111119151-619
	City State Zip Code Whitefish Bay WI 53217-5964	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NML	Occupation Dir Ins Prod Compl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

C.	Full Name (Last, First, Middle Initial) Sheila M. Gavin	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 5735 N Crestwood Blvd	Transaction ID: 2010101319549-1026
	City State Zip Code Glendale WI 53209-4309	Amount of Each Receipt this Period 27.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NML	Occupation Ast Gn Cnl/Ins	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 567.00	

SUBTOTAL of Receipts This Page (optional)	51.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 231
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Sheila M. Gavin

Mailing Address 5735 N Crestwood Blvd

City State Zip Code
Glendale WI 53209-4309

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

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.00

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

Transaction ID: 2010102719120-1026

Amount of Each Receipt this Period
27.00

B.

Full Name (Last, First, Middle Initial)
Sheila M. Gavin

Mailing Address 5735 N Crestwood Blvd

City State Zip Code
Glendale WI 53209-4309

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

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.00

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

Transaction ID: 2010111119151-1022

Amount of Each Receipt this Period
27.00

C.

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

Mailing Address 5421 N Idlewild Ave

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

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

Transaction ID: 2010101319549-608

Amount of Each Receipt this Period
53.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 231
(check only one)

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

A.

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

Mailing Address 5421 N Idlewild Ave

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

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

Transaction ID: 2010102719120-608

Amount of Each Receipt this Period
53.00

B.

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

Mailing Address 5421 N Idlewild Ave

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

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

Transaction ID: 2010111119151-606

Amount of Each Receipt this Period
53.00

C.

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

Mailing Address 13040 W Hawthorne Ln

City State Zip Code
New Berlin WI 53151-8742

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

Name of Employer NML Occupation VP Acctg Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: 2010101319549-603

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **121.00**

TOTAL This Period (last page this line 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 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Walter M. Givler	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 13040 W Hawthorne Ln	Transaction ID: 2010102719120-603
	City State Zip Code New Berlin WI 53151-8742	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Acctg Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 315.00	

B.	Full Name (Last, First, Middle Initial) Walter M. Givler	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 13040 W Hawthorne Ln	Transaction ID: 2010111119151-601
	City State Zip Code New Berlin WI 53151-8742	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Acctg Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 315.00	

C.	Full Name (Last, First, Middle Initial) Robert P. Glazier	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address W299S8578 State Road	Transaction ID: 2010101319549-500
	City State Zip Code Mukwonago WI 53149	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Director Actuarial Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 282.00	

SUBTOTAL of Receipts This Page (optional)	▶	44.00
TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert P. Glazier

Mailing Address W299S8578 State Road

City State Zip Code
Mukwonago WI 53149

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

Name of Employer NML Occupation Director Actuarial Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

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

Transaction ID: 2010102719120-500

Amount of Each Receipt this Period
14.00

B.

Full Name (Last, First, Middle Initial)
Robert P. Glazier

Mailing Address W299S8578 State Road

City State Zip Code
Mukwonago WI 53149

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

Name of Employer NML Occupation Director Actuarial Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

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

Transaction ID: 2010111119151-498

Amount of Each Receipt this Period
14.00

C.

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

Mailing Address 6700 Old Darby Trl NE

City State Zip Code
Ada MI 49301-8360

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

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

Transaction ID: 201010151914-25

Amount of Each Receipt this Period
125.00

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 66 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 6700 Old Darby Trl NE

City State Zip Code
Ada MI 49301-8360

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-25

Amount of Each Receipt this Period
125.00

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

Mailing Address 6700 Old Darby Trl NE

City State Zip Code
Ada MI 49301-8360

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-24

Amount of Each Receipt this Period
125.00

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

Mailing Address 14315 Radiant Ct

City State Zip Code
Brookfield WI 53005-7073

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

Name of Employer NML Occupation
NML Rvp Field Spv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-867

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 260.00

TOTAL This Period (last page this line number 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 / 231

(check only one)

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

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

A.

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

Mailing Address 2485 W Fairy Chasm Rd

City State Zip Code
River Hills WI 53217-1536

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

Name of Employer NML Occupation VP Comm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1323.00

Date of Receipt

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

Transaction ID: 2010101319549-557

Amount of Each Receipt this Period
63.00

B.

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

Mailing Address 2485 W Fairy Chasm Rd

City State Zip Code
River Hills WI 53217-1536

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

Name of Employer NML Occupation VP Comm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1323.00

Date of Receipt

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

Transaction ID: 2010102719120-557

Amount of Each Receipt this Period
63.00

C.

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

Mailing Address 2485 W Fairy Chasm Rd

City State Zip Code
River Hills WI 53217-1536

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

Name of Employer NML Occupation VP Comm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1323.00

Date of Receipt

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

Transaction ID: 2010111119151-555

Amount of Each Receipt this Period
63.00

SUBTOTAL of Receipts This Page (optional) ▶

189.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 231
(check only one)

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

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

A.

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

Mailing Address 2702 28th Ave S

City State Zip Code
Fargo ND 58103-5045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: 201010151914-17

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 2702 28th Ave S

City State Zip Code
Fargo ND 58103-5045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: 201010291915-17

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 2702 28th Ave S

City State Zip Code
Fargo ND 58103-5045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: 2010111519234-16

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 231
(check only one)

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

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

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

A.

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

Mailing Address 8042 Cheverny Dr

City State Zip Code
Mequon WI 53097-2532

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

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

Transaction ID: 201010151914-37

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 8042 Cheverny Dr

City State Zip Code
Mequon WI 53097-2532

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

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

Transaction ID: 201010291915-37

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 8042 Cheverny Dr

City State Zip Code
Mequon WI 53097-2532

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

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

Transaction ID: 2010111519234-36

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 NML Occupation VP & Chief Tech Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-1090

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
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 NML Occupation VP & Chief Tech Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-1090

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
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 NML Occupation VP & Chief Tech Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-1086

Amount of Each Receipt this Period
20.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 231
(check only one)

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

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

A.

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

Mailing Address 706 W Acacia Rd

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Svp Fin Plng & Prod Deliv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1848.00

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

Transaction ID: 2010101319549-999

Amount of Each Receipt this Period
88.00

B.

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

Mailing Address 706 W Acacia Rd

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Svp Fin Plng & Prod Deliv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1848.00

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

Transaction ID: 2010102719120-999

Amount of Each Receipt this Period
88.00

C.

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

Mailing Address 706 W Acacia Rd

City State Zip Code
Glendale WI 53217-4008

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

Name of Employer NML Occupation Svp Fin Plng & Prod Deliv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1848.00

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

Transaction ID: 2010111119151-995

Amount of Each Receipt this Period
88.00

SUBTOTAL of Receipts This Page (optional) ► **264.00**

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

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

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

FOR LINE NUMBER: PAGE 72 / 231

(check only one)

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

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

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

A.

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

Mailing Address W73N377 Mulberry Ave

City State Zip Code
Cedarburg WI 53012-2648

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 ▼ 1134.00

Date of Receipt

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

Transaction ID: 2010101319549-630

Amount of Each Receipt this Period
54.00

B.

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

Mailing Address W73N377 Mulberry Ave

City State Zip Code
Cedarburg WI 53012-2648

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 ▼ 1134.00

Date of Receipt

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

Transaction ID: 2010102719120-630

Amount of Each Receipt this Period
54.00

C.

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

Mailing Address W73N377 Mulberry Ave

City State Zip Code
Cedarburg WI 53012-2648

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 ▼ 1134.00

Date of Receipt

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

Transaction ID: 2010111119151-628

Amount of Each Receipt this Period
54.00

SUBTOTAL of Receipts This Page (optional) ▶

162.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Stephen T. Guinan
Mailing Address 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 ▼ 882.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-51
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Stephen T. Guinan
Mailing Address 126 Waverly Cir
City Phoenixville State PA Zip Code 19460-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 882.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-51
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Stephen T. Guinan
Mailing Address 126 Waverly Cir
City Phoenixville State PA Zip Code 19460-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 882.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-50
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 126.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Y. Hamm

Mailing Address 1105 Belmont Dr

City State Zip Code
Waukesha WI 53186-6726

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

Name of Employer NML Occupation App Dev Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: 2010101319549-812

Amount of Each Receipt this Period
11.00

B.

Full Name (Last, First, Middle Initial)
David Y. Hamm

Mailing Address 1105 Belmont Dr

City State Zip Code
Waukesha WI 53186-6726

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

Name of Employer NML Occupation App Dev Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2010

Transaction ID: 2010102719120-812

Amount of Each Receipt this Period
11.00

C.

Full Name (Last, First, Middle Initial)
David Y. Hamm

Mailing Address 1105 Belmont Dr

City State Zip Code
Waukesha WI 53186-6726

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

Name of Employer NML Occupation App Dev Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2010

Transaction ID: 2010111119151-809

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► **33.00**

TOTAL This Period (last page this line number 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 / 231

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kevin G. Hanus

Mailing Address 18775 Brookfield Lake Dr

City State Zip Code
Brookfield WI 53045-6170

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

Name of Employer Occupation
NML Dir Restaurant Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 219.00

Date of Receipt

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

Transaction ID: 2010102719120-632

Amount of Each Receipt this Period
11.00

B.

Full Name (Last, First, Middle Initial)
Kevin G. Hanus

Mailing Address 18775 Brookfield Lake Dr

City State Zip Code
Brookfield WI 53045-6170

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

Name of Employer Occupation
NML Dir Restaurant Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 219.00

Date of Receipt

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

Transaction ID: 2010111119151-630

Amount of Each Receipt this Period
11.00

C.

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

Mailing Address 804 Montparnasse Pl

City State Zip Code
Newtown Sq PA 19073-2623

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 ▼ 2625.00

Date of Receipt

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

Transaction ID: 201010151914-26

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)

147.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 804 Montparnasse PI

City State Zip Code
Newtown Sq PA 19073-2623

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-26

Amount of Each Receipt this Period
125.00

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

Mailing Address 804 Montparnasse PI

City State Zip Code
Newtown Sq PA 19073-2623

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-25

Amount of Each Receipt this Period
125.00

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

Mailing Address 14611 50th Rd

City State Zip Code
Sturtevant WI 53177-1038

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

Name of Employer NML Occupation
NML Dir Retirement Mkt Prj

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-746

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional) ► 262.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 231
(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)
Laura J. Hauschild

Mailing Address 14611 50th Rd

City State Zip Code
Sturtevant WI 53177-1038

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

Name of Employer NML Occupation Dir Retirement Mkt Prj

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

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

Transaction ID: 2010102719120-746

Amount of Each Receipt this Period
12.00

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

Mailing Address 14611 50th Rd

City State Zip Code
Sturtevant WI 53177-1038

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

Name of Employer NML Occupation Dir Retirement Mkt Prj

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

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

Transaction ID: 2010111119151-743

Amount of Each Receipt this Period
12.00

C. Full Name (Last, First, Middle Initial)
Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin St

City State Zip Code
Whitefish Bay WI 53211-1152

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

Name of Employer NML Occupation Medical Dir/HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

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

Transaction ID: 2010101319549-1001

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional) ► 41.00

TOTAL This Period (last page this line number 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 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Wayne F. Heidenreich, MD
Mailing Address 4753 N Larkin St

City State Zip Code
Whitefish Bay WI 53211-1152

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

Name of Employer NML Occupation Medical Dir/HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt: 10 / 31 / 2010
Transaction ID: 2010102719120-1001
Amount of Each Receipt this Period: 17.00

B. Full Name (Last, First, Middle Initial)
Wayne F. Heidenreich, MD
Mailing Address 4753 N Larkin St

City State Zip Code
Whitefish Bay WI 53211-1152

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

Name of Employer NML Occupation Medical Dir/HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 2010111119151-997
Amount of Each Receipt this Period: 17.00

C. Full Name (Last, First, Middle Initial)
Thomas R. Hendricks
Mailing Address 9003 N Mohawk Rd

City State Zip Code
Bayside WI 53217-1743

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

Name of Employer NML Occupation Asst Dir Ips Prod Ln

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 2010101319549-963
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ► 49.00

TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas R. Hendricks

Mailing Address 9003 N Mohawk Rd

City State Zip Code
Bayside WI 53217-1743

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

Name of Employer NML Occupation Asst Dir Ips Prod Ln

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

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

Transaction ID: 2010102719120-963

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Thomas R. Hendricks

Mailing Address 9003 N Mohawk Rd

City State Zip Code
Bayside WI 53217-1743

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

Name of Employer NML Occupation Asst Dir Ips Prod Ln

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

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

Transaction ID: 2010111119151-959

Amount of Each Receipt this Period
15.00

C.

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

Mailing Address 18443 Melissa Cir

City State Zip Code
Eden Prairie MN 55347-1058

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

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

Transaction ID: 201010151914-50

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **238.00**

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

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

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

FOR LINE NUMBER: PAGE 80 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark J. Heurung
Mailing Address 18443 Melissa Cir
City Eden Prairie State MN Zip Code 55347-1058
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 ▼ 1248.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-50
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Mark J. Heurung
Mailing Address 18443 Melissa Cir
City Eden Prairie State MN Zip Code 55347-1058
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 ▼ 1248.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-49
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Gary M. Hewitt
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 ▼ 1452.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-896
Amount of Each Receipt this Period 68.00

SUBTOTAL of Receipts This Page (optional) ► 484.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Gary M. Hewitt		Date of Receipt	
	Mailing Address 2045 Elm Tree Rd		M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 2010102719120-896
	Elm Grove	WI	53122-1117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		68.00	
Name of Employer NML		Occupation VP Treas & Inv Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1452.00		

B.	Full Name (Last, First, Middle Initial) Gary M. Hewitt		Date of Receipt	
	Mailing Address 2045 Elm Tree Rd		M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 2010111119151-893
	Elm Grove	WI	53122-1117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		68.00	
Name of Employer NML		Occupation VP Treas & Inv Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1452.00		

C.	Full Name (Last, First, Middle Initial) Patricia J. Hillmann		Date of Receipt	
	Mailing Address 1227 N 55th St		M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 2010111119151-607
	Milwaukee	WI	53208-2519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer NML		Occupation Dir Ann Cust Svc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	146.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 231

(check only one)

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

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

A.

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

Mailing Address 425 Lake Bluff Ln

City State Zip Code
Grafton WI 53024-9764

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

Name of Employer NML Occupation Director li

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 396.00

Date of Receipt

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

Transaction ID: 2010101319549-864

Amount of Each Receipt this Period
12.00

B.

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

Mailing Address 425 Lake Bluff Ln

City State Zip Code
Grafton WI 53024-9764

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

Name of Employer NML Occupation Director li

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 396.00

Date of Receipt

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

Transaction ID: 2010102719120-864

Amount of Each Receipt this Period
12.00

C.

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

Mailing Address 425 Lake Bluff Ln

City State Zip Code
Grafton WI 53024-9764

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

Name of Employer NML Occupation Director li

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 396.00

Date of Receipt

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

Transaction ID: 2010111119151-861

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional) ▶

36.00

TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bruce Holmes

Mailing Address 2550 W Hunter Cir

City State Zip Code
Glendale WI 53209-1871

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 ▼ 231.00

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

Transaction ID: 2010101319549-561

Amount of Each Receipt this Period
11.00

B.

Full Name (Last, First, Middle Initial)
Bruce Holmes

Mailing Address 2550 W Hunter Cir

City State Zip Code
Glendale WI 53209-1871

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 ▼ 231.00

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

Transaction ID: 2010102719120-561

Amount of Each Receipt this Period
11.00

C.

Full Name (Last, First, Middle Initial)
Bruce Holmes

Mailing Address 2550 W Hunter Cir

City State Zip Code
Glendale WI 53209-1871

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 ▼ 231.00

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

Transaction ID: 2010111119151-559

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► **33.00**

TOTAL This Period (last page this line number 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 / 231
(check only one)

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

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

A.

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

Mailing Address 11390 N Creekside Ct

City State Zip Code
Mequon WI 53092-4377

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3372.00

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

Transaction ID: 201010151914-58

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3372.00

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

Transaction ID: 201010291915-58

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3372.00

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

Transaction ID: 2010111519234-57

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 85 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Harry P. Hoopis		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1133 Elm Tree Rd		Transaction ID: 201010151914-1
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer 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 ▼ 4368.00	

B.

Full Name (Last, First, Middle Initial) Harry P. Hoopis		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1133 Elm Tree Rd		Transaction ID: 201010291915-1
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer 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 ▼ 4368.00	

C.

Full Name (Last, First, Middle Initial) Harry P. Hoopis		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1133 Elm Tree Rd		Transaction ID: 2010111519234-1
City Lake Forest	State IL	Zip Code 60045-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer 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 ▼ 4368.00	

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 86 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Brian J. Hubbell		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1701 E Westminster Ln		Transaction ID: 201010151914-14
City Spokane	State WA	Zip Code 99223-6712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.

Full Name (Last, First, Middle Initial) Brian J. Hubbell		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1701 E Westminster Ln		Transaction ID: 201010291915-14
City Spokane	State WA	Zip Code 99223-6712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

C.

Full Name (Last, First, Middle Initial) Brian J. Hubbell		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1701 E Westminster Ln		Transaction ID: 2010111519234-13
City Spokane	State WA	Zip Code 99223-6712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 231
(check only one)

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

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

A.

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

Mailing Address 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 ▼ 750.00

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

Transaction ID: 201010151914-31

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 750.00

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

Transaction ID: 201010291915-31

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 750.00

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

Transaction ID: 2010111519234-30

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 231

(check only one)

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

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

A.

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

Mailing Address 23702 Champe Ford Rd

City State Zip Code
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1137.00

Date of Receipt

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

Transaction ID: 2010101319549-923

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 23702 Champe Ford Rd

City State Zip Code
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1137.00

Date of Receipt

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

Transaction ID: 2010102719120-923

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 23702 Champe Ford Rd

City State Zip Code
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1137.00

Date of Receipt

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

Transaction ID: 201011119151-920

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gregory G. Johnson

Mailing Address 507 W Kenilworth Cir

City State Zip Code
Mequon WI 53092-6199

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-1070

Amount of Each Receipt this Period
14.00

B.

Full Name (Last, First, Middle Initial)
Gregory G. Johnson

Mailing Address 507 W Kenilworth Cir

City State Zip Code
Mequon WI 53092-6199

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-1070

Amount of Each Receipt this Period
14.00

C.

Full Name (Last, First, Middle Initial)
Gregory G. Johnson

Mailing Address 507 W Kenilworth Cir

City State Zip Code
Mequon WI 53092-6199

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-1066

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional) ► **42.00**

TOTAL This Period (last page this line number 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 / 231

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel J. Kallay

Mailing Address S85W32221 Roberts Ct

City State Zip Code
Mukwonago WI 53149-8224

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

Name of Employer Occupation
NML Chief Pilot

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: 201011119151-539

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1253.97

Date of Receipt

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

Transaction ID: 201010151914-69

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1253.97

Date of Receipt

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

Transaction ID: 201010291915-69

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ►

176.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 231
(check only one)

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

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

A.

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

Mailing Address 16 Vintage Walk

City State Zip Code
Cincinnati OH 45249-2101

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.97

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

Transaction ID: 2010111519234-68

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address 5806 N Kent Ave

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.00

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

Transaction ID: 2010101319549-600

Amount of Each Receipt this Period
61.00

C.

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

Mailing Address 5806 N Kent Ave

City State Zip Code
Whitefish Bay WI 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1281.00

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

Transaction ID: 2010102719120-600

Amount of Each Receipt this Period
61.00

SUBTOTAL of Receipts This Page (optional) ► **205.33**

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 92 / 231 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) John C. Kelly Mailing Address 5806 N Kent Ave City State Zip Code Whitefish Bay WI 53217-4612 FEC ID number of contributing federal political committee. C Name of Employer NML Occupation VP & Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1281.00	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0 Transaction ID: 201011119151-598 Amount of Each Receipt this Period 61.00
--	---

B. Full Name (Last, First, Middle Initial) Troy B. Kemelgor Mailing Address 8930 Dunn Ct City State Zip Code Dublin OH 43017-8880 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation General Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 882.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0 Transaction ID: 201010151914-66 Amount of Each Receipt this Period 42.00
--	--

C. Full Name (Last, First, Middle Initial) Troy B. Kemelgor Mailing Address 8930 Dunn Ct City State Zip Code Dublin OH 43017-8880 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation General Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 882.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0 Transaction ID: 201010291915-66 Amount of Each Receipt this Period 42.00
--	--

SUBTOTAL of Receipts This Page (optional) ▶	145.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8930 Dunn Ct

City Dublin State OH Zip Code 43017-8880

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-65

Amount of Each Receipt this Period 42.00

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-615

Amount of Each Receipt this Period 20.00

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-615

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 82.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mark E. Kishler		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 720 E Wisconsin Ave		Transaction ID: 201011119151-613		
	City Milwaukee	State WI	Zip Code 53202-4703	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Managing Director			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00			

B.	Full Name (Last, First, Middle Initial) Pamela A. Knox		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 6109 Audubon Manor Blvd # B		Transaction ID: 2010101319549-1029		
	City Lithia	State FL	Zip Code 33547-5032	Amount of Each Receipt this Period 16.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation District Director			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00			

C.	Full Name (Last, First, Middle Initial) Pamela A. Knox		Date of Receipt MM / DD / YYYY 10 / 31 / 2010		
	Mailing Address 6109 Audubon Manor Blvd # B		Transaction ID: 2010102719120-1029		
	City Lithia	State FL	Zip Code 33547-5032	Amount of Each Receipt this Period 16.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation District Director			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00			

SUBTOTAL of Receipts This Page (optional)	52.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 231
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Pamela A. Knox		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 6109 Audubon Manor Blvd # B		Transaction ID: 201011119151-1025
City Lithia	State Zip Code FL 33547-5032	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer NML	Occupation District Director	Aggregate Year-to-Date ▼ 336.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) William S. Koch		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 4645 Swilcan Bridge Ln S		Transaction ID: 201010151914-22
City Jacksonville	State Zip Code FL 32224-5621	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 2325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) William S. Koch		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 4645 Swilcan Bridge Ln S		Transaction ID: 201010291915-22
City Jacksonville	State Zip Code FL 32224-5621	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 2325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	266.00
TOTAL This Period (last page this line 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 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William S. Koch	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 4645 Swilcan Bridge Ln S	Transaction ID: 2010111519234-21
	City State Zip Code Jacksonville FL 32224-5621	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation General Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2325.00	

B.	Full Name (Last, First, Middle Initial) Kevin J. Konopa	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1236 Highpoint Ln	Transaction ID: 2010111119151-962
	City State Zip Code Waukesha WI 53189-7739	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Asst Dir Ips Prod Ln Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) John L. Kordsmeier	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 2522 W Daphne Rd	Transaction ID: 2010101319549-1032
	City State Zip Code Glendale WI 53209-3352	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Disability Income Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1263.00	

SUBTOTAL of Receipts This Page (optional)	▶	198.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 231

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John L. Kordsmeier		Date of Receipt MM / DD / YYYY 10 / 31 / 2010		
	Mailing Address 2522 W Daphne Rd		Transaction ID: 2010102719120-1032		
	City Glendale	State WI	Zip Code 53209-3352	Amount of Each Receipt this Period 63.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Disability Income			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1263.00			

B.	Full Name (Last, First, Middle Initial) John L. Kordsmeier		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 2522 W Daphne Rd		Transaction ID: 2010111119151-1028		
	City Glendale	State WI	Zip Code 53209-3352	Amount of Each Receipt this Period 63.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Disability Income			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1263.00			

C.	Full Name (Last, First, Middle Initial) Steven H. Kosnick		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 5799 Windsona Cir		Transaction ID: 201010151914-16		
	City Fitchburg	State WI	Zip Code 53711-5839	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 882.00			

SUBTOTAL of Receipts This Page (optional) ▶

168.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 231
(check only one)

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

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

A.

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

Mailing Address 5799 Windsona Cir

City State Zip Code
Fitchburg WI 53711-5839

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
882.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-16

Amount of Each Receipt this Period
42.00

B.

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

Mailing Address 5799 Windsona Cir

City State Zip Code
Fitchburg WI 53711-5839

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
882.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-15

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Robert J. Kowalsky

Mailing Address 4791 N Larkin St

City State Zip Code
Whitefish Bay WI 53211-1152

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

Name of Employer NML Occupation
NML VP IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-1003

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **94.00**

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

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

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

FOR LINE NUMBER: PAGE 99 / 231

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Ln

City State Zip Code
Mequon WI 53092-6102

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 645.00

Date of Receipt

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

Transaction ID: 2010101319549-960

Amount of Each Receipt this Period
29.00

B.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Ln

City State Zip Code
Mequon WI 53092-6102

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 645.00

Date of Receipt

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

Transaction ID: 2010102719120-960

Amount of Each Receipt this Period
29.00

C.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Ln

City State Zip Code
Mequon WI 53092-6102

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 645.00

Date of Receipt

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

Transaction ID: 2010111119151-956

Amount of Each Receipt this Period
29.00

SUBTOTAL of Receipts This Page (optional) ▶

87.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 231
(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)
Todd L. Laszewski

Mailing Address 2604 N 90th St

City State Zip Code
Wauwatosa WI 53226-1813

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

Name of Employer NML Occupation Dir Lp Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

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

Transaction ID: 2010101319549-883

Amount of Each Receipt this Period
16.00

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

Mailing Address 2604 N 90th St

City State Zip Code
Wauwatosa WI 53226-1813

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

Name of Employer NML Occupation Dir Lp Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

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

Transaction ID: 2010102719120-883

Amount of Each Receipt this Period
16.00

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

Mailing Address 2604 N 90th St

City State Zip Code
Wauwatosa WI 53226-1813

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

Name of Employer NML Occupation Dir Lp Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

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

Transaction ID: 2010111119151-880

Amount of Each Receipt this Period
16.00

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

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

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

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

FOR LINE NUMBER: PAGE 101 / 231
(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)
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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.97

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

Transaction ID: 201010151914-61

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.97

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

Transaction ID: 201010291915-61

Amount of Each Receipt this Period
83.33

C. Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.97

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

Transaction ID: 2010111519234-60

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► 249.99

TOTAL This Period (last page this line number 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 / 231

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Elizabeth J. Lentini

Mailing Address 5525 N Hollywood Ave

City State Zip Code
Whitefish Bay WI 53217-5207

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

Name of Employer NML Occupation
Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: 2010101319549-1078

Amount of Each Receipt this Period
14.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth J. Lentini

Mailing Address 5525 N Hollywood Ave

City State Zip Code
Whitefish Bay WI 53217-5207

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

Name of Employer NML Occupation
Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: 2010102719120-1078

Amount of Each Receipt this Period
14.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth J. Lentini

Mailing Address 5525 N Hollywood Ave

City State Zip Code
Whitefish Bay WI 53217-5207

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

Name of Employer NML Occupation
Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: 2010111119151-1074

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional) ▶

42.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 231
(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)
Gilbert R. Llanas

Mailing Address 1322 Edgewood Ave

City State Zip Code
South Milwaukee WI 53172-3573

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

Name of Employer NML Occupation Community Rel Cons

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 201011119151-756

Amount of Each Receipt this Period
10.00

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

Mailing Address 2664 N Summit Ave

City State Zip Code
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation Dir Strat Intel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.00

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

Transaction ID: 2010101319549-587

Amount of Each Receipt this Period
30.00

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

Mailing Address 2664 N Summit Ave

City State Zip Code
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation Dir Strat Intel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-587

Amount of Each Receipt this Period
30.00

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 104 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Werner Loots		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2664 N Summit Ave		Transaction ID: 201011119151-585
City Milwaukee	State WI	Zip Code 53211-3849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NML	Occupation Dir Strat Intel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00	

B.

Full Name (Last, First, Middle Initial) Robert D. Lowrey		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1108 W Goldthread Cir		Transaction ID: 201010151914-21
City Sioux Falls	State SD	Zip Code 57108-2824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

C.

Full Name (Last, First, Middle Initial) Robert D. Lowrey		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1108 W Goldthread Cir		Transaction ID: 201010291915-21
City Sioux Falls	State SD	Zip Code 57108-2824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

SUBTOTAL of Receipts This Page (optional)	114.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Robert D. Lowrey

Mailing Address 1108 W Goldthread Cir

City State Zip Code
Sioux Falls SD 57108-2824

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-20

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Mark J. Lucius

Mailing Address 3365 N Newhall St

City State Zip Code
Milwaukee WI 53211-3045

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
CEO Comm & Exec Cons

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-762

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken

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 NML Occupation
Svp Securities

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2730.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-888

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **178.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken
Mailing Address 1213 E Goodrich Ln
City Fox Point State WI Zip Code 53217-2946
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Securities
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2730.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-888
Amount of Each Receipt this Period 126.00

B. Full Name (Last, First, Middle Initial)
Jeffrey J. Lueken
Mailing Address 1213 E Goodrich Ln
City Fox Point State WI Zip Code 53217-2946
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Svp Securities
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2730.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-885
Amount of Each Receipt this Period 126.00

C. Full Name (Last, First, Middle Initial)
David C. Magoon
Mailing Address N31W23910 Old Farm Ct
City Pewaukee State WI Zip Code 53072-4090
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation IS Cons
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-529
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 272.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
David C. Magoon

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 NML Occupation IS Cons

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-529

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
David C. Magoon

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 NML Occupation IS Cons

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-527

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Cory A. Mahaffey

Mailing Address 13764 Knaus Rd

City State Zip Code
Lake Oswego OR 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 ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-68

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **82.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Cory A. Mahaffey

Mailing Address 13764 Knaus Rd

City State Zip Code
Lake Oswego OR 97034-2175

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-68

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Cory A. Mahaffey

Mailing Address 13764 Knaus Rd

City State Zip Code
Lake Oswego OR 97034-2175

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-67

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Jean M. Maier

Mailing Address 9642 N Lamplighter Ln

City State Zip Code
Mequon WI 53092-5321

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
NML Svp Ent Ops & Cco

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-520

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 109 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Jean M. Maier		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 9642 N Lamplighter Ln		Transaction ID: 2010102719120-520
City Mequon	State WI	Zip Code 53092-5321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer NML	Occupation Svp Ent Ops & Cco	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3150.00	

B.

Full Name (Last, First, Middle Initial) Jean M. Maier		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 9642 N Lamplighter Ln		Transaction ID: 2010111119151-518
City Mequon	State WI	Zip Code 53092-5321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer NML	Occupation Svp Ent Ops & Cco	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3150.00	

C.

Full Name (Last, First, Middle Initial) Raymond J. Manista		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 7236 N Crossway Rd		Transaction ID: 2010101319549-553
City Fox Point	State WI	Zip Code 53217-3519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.00
Name of Employer NML	Occupation Gen Cnsl & Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1497.00	

SUBTOTAL of Receipts This Page (optional)	373.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway Rd

City State Zip Code
Fox Point WI 53217-3519

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1497.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-553

Amount of Each Receipt this Period
73.00

B.

Full Name (Last, First, Middle Initial)
Raymond J. Manista

Mailing Address 7236 N Crossway Rd

City State Zip Code
Fox Point WI 53217-3519

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1497.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-551

Amount of Each Receipt this Period
73.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey S. Marks

Mailing Address 8232 S Country Club Cir

City State Zip Code
Franklin WI 53132-8532

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Stds & Rsrch Strgy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-570

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional) ► **159.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Jeffrey S. Marks

Mailing Address 8232 S Country Club Cir

City State Zip Code
Franklin WI 53132-8532

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Stds & Rsrch Strgy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-570

Amount of Each Receipt this Period
13.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey S. Marks

Mailing Address 8232 S Country Club Cir

City State Zip Code
Franklin WI 53132-8532

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Stds & Rsrch Strgy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-568

Amount of Each Receipt this Period
13.00

C.

Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest Ave

City State Zip Code
Whitefish Bay WI 53217-5377

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Svp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1743.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-818

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional) ► **109.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest Ave

City State Zip Code
Whitefish Bay WI 53217-5377

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Svp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1743.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-818

Amount of Each Receipt this Period
83.00

B.

Full Name (Last, First, Middle Initial)
Meridee J. Maynard

Mailing Address 809 E Lake Forest Ave

City State Zip Code
Whitefish Bay WI 53217-5377

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Svp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1743.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-815

Amount of Each Receipt this Period
83.00

C.

Full Name (Last, First, Middle Initial)
David C. Mc Avoy

Mailing Address 11 Mountview Rd

City State Zip Code
Wellesley MA 02481-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4272.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-10

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **374.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
David C. Mc Avoy

Mailing Address 11 Mountview 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 ▼ 4272.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-10

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
David C. Mc Avoy

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 ▼ 4272.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-9

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Roger M. Mc Queen

Mailing Address 5820 Twin Creek Rd

City Salt Lake Cty State UT Zip Code 84108-3605

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 ▼ 2625.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 201010151914-8

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 541.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Roger M. Mc Queen		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 5820 Twin Creek Rd		Transaction ID: 201010291915-8
City Salt Lake City	State UT	Zip Code 84108-3605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

B.

Full Name (Last, First, Middle Initial) Roger M. Mc Queen		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 5820 Twin Creek Rd		Transaction ID: 2010111519234-7
City Salt Lake City	State UT	Zip Code 84108-3605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

C.

Full Name (Last, First, Middle Initial) Brian W. McClure		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1402 Wyndemere Point Dr		Transaction ID: 201010151914-71
City Champaign	State IL	Zip Code 61822-3349
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

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 115 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Brian W. McClure		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1402 Wyndemere Point Dr		Transaction ID: 201010291915-71
City Champaign	State IL	Zip Code 61822-3349
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

B.

Full Name (Last, First, Middle Initial) Brian W. McClure		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1402 Wyndemere Point Dr		Transaction ID: 2010111519234-70
City Champaign	State IL	Zip Code 61822-3349
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

C.

Full Name (Last, First, Middle Initial) Erin L. McComas		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1485 Broadstone PI		Transaction ID: 2010101319549-1089
City Vienna	State VA	Zip Code 22182-1752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00
Name of Employer NML	Occupation Director-Field Asset Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

SUBTOTAL of Receipts This Page (optional)	97.00
TOTAL This Period (last page this line 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 / 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Erin L. McComas		Date of Receipt
	Mailing Address 1485 Broadstone Pl		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Vienna	VA	22182-1752
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010102719120-1089
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Director-Field Asset Mgmt	<input type="text" value="13.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="273.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Erin L. McComas		Date of Receipt
	Mailing Address 1485 Broadstone Pl		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Vienna	VA	22182-1752
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010111119151-1085
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Director-Field Asset Mgmt	<input type="text" value="13.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="273.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) James L. McFarland		Date of Receipt
	Mailing Address 215 N Aberdeen St		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60607-1615
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010101319549-997
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Ast Gn Cnl/Re	<input type="text" value="6.50"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="214.50"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="32.50"/>
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: (check only one)	PAGE 117 / 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) James L. McFarland	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 215 N Aberdeen St	Transaction ID: 2010102719120-997
	City State Zip Code Chicago IL 60607-1615	Amount of Each Receipt this Period 6.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Ast Gn Cnl/Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 214.50	

B.	Full Name (Last, First, Middle Initial) James L. McFarland	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 215 N Aberdeen St	Transaction ID: 2010111119151-993
	City State Zip Code Chicago IL 60607-1615	Amount of Each Receipt this Period 6.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Ast Gn Cnl/Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 214.50	

C.	Full Name (Last, First, Middle Initial) Mark J. McLennon	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 2571 N 86th St	Transaction ID: 2010101319549-586
	City State Zip Code Wauwatosa WI 53226-1921	Amount of Each Receipt this Period 23.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Invest Advisory Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 483.00	

SUBTOTAL of Receipts This Page (optional)	36.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mark J. McLennon

Mailing Address 2571 N 86th St

City State Zip Code
Wauwatosa WI 53226-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Invest Advisory Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-586

Amount of Each Receipt this Period
23.00

B.

Full Name (Last, First, Middle Initial)
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 NML Occupation VP Invest Advisory Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-584

Amount of Each Receipt this Period
23.00

C.

Full Name (Last, First, Middle Initial)
Lesli H. McLinden

Mailing Address 340 N Elmridge Ave

City State Zip Code
Brookfield WI 53005-6117

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Ipas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-1057

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **56.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 / 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Lesli H. McLinden		Date of Receipt
	Mailing Address 340 N Elmridge Ave		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brookfield	WI	53005-6117
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NML		Occupation Ast Gn Cnl/Ipas	Transaction ID: 2010102719120-1057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="222.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Lesli H. McLinden		Date of Receipt
	Mailing Address 340 N Elmridge Ave		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brookfield	WI	53005-6117
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NML		Occupation Ast Gn Cnl/Ipas	Transaction ID: 2010111119151-1053
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="222.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) John W. McTigue		Date of Receipt
	Mailing Address 205 E 4th St		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hinsdale	IL	60521-4603
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation General Insurance Agent	Transaction ID: 201010151914-15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="4368.00"/>	<input type="text" value="208.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="228.00"/>
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 120 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
John W. McTigue

Mailing Address 205 E 4th St

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-15

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
John W. McTigue

Mailing Address 205 E 4th St

City Hinsdale State IL Zip Code 60521-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-14

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blvd

City Cedarburg State WI Zip Code 53012-2266

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 ▼ 231.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-556

Amount of Each Receipt this Period 11.00

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 121 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blvd

City Cedarburg State WI Zip Code 53012-2266

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 ▼ 231.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-556

Amount of Each Receipt this Period 11.00

B. Full Name (Last, First, Middle Initial)
Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blvd

City Cedarburg State WI Zip Code 53012-2266

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 ▼ 231.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-554

Amount of Each Receipt this Period 11.00

C. Full Name (Last, First, Middle Initial)
Arthur J. Mees, Jr.

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 NML Occupation Dir Mktg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-1069

Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional) ► 34.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Arthur J. Mees, Jr.
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 NML Occupation Dir Mktg
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 201011119151-1065
Amount of Each Receipt this Period 12.00

B. Full Name (Last, First, Middle Initial)
Joseph F. Meier
Mailing Address 208 Long Acres Ln
City Oviedo State FL Zip Code 32765-7843
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 882.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-19
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Joseph F. Meier
Mailing Address 208 Long Acres Ln
City Oviedo State FL Zip Code 32765-7843
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 882.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-19
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 96.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Joseph F. Meier

Mailing Address 208 Long Acres 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 882.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-18

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Dr

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP-Corporate Actuary

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-545

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Dr

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML VP-Corporate Actuary

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-545

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Robert G. Meilander

Mailing Address 6900 N Glen Shore Dr

City State Zip Code
Glendale WI 53209-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
VP-Corporate Actuary

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-543

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Richard E. Meyers

Mailing Address 848 E Birch Ave

City State Zip Code
Whitefish Bay WI 53217-5359

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Ast Gn Cnl/Ins

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-1024

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Carl W. Middleton, III

Mailing Address 15712 Point Monroe Dr NE

City State Zip Code
Bainbridge Island WA 98110-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Aslakson Fncl Grp Inc Occupation
Special Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-5

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 125 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Carl W. Middleton, III		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 15712 Point Monroe Dr NE		Transaction ID: 201010291915-5
City Bainbridge Island	State WA	Zip Code 98110-1158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Aslakson Fncl Grp Inc	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Ben Miller		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 24672 N 109th St		Transaction ID: 201010151914-64
City Scottsdale	State AZ	Zip Code 85255-8086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

C.

Full Name (Last, First, Middle Initial) Ben Miller		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 24672 N 109th St		Transaction ID: 201010291915-64
City Scottsdale	State AZ	Zip Code 85255-8086
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 882.00	

SUBTOTAL of Receipts This Page (optional)	▶	209.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Ben Miller		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 24672 N 109th St		Transaction ID: 2010111519234-63
City Scottsdale	State AZ	
Zip Code 85255-8086		Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 882.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 214 Schenley Rd		Transaction ID: 201010151914-49
City Pittsburgh	State PA	
Zip Code 15217-1171		Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4368.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 214 Schenley Rd		Transaction ID: 201010291915-49
City Pittsburgh	State PA	
Zip Code 15217-1171		Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 4368.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	458.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Kevin E. Miller

Mailing Address 214 Schenley Rd

City State Zip Code
Pittsburgh PA 15217-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4368.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-48

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Loretta Mlekoday

Mailing Address 9030 N Fielding Rd

City State Zip Code
Bayside WI 53217-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer NML
Occupation Dir Acctg Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-1050

Amount of Each Receipt this Period
11.00

C.

Full Name (Last, First, Middle Initial)
Loretta Mlekoday

Mailing Address 9030 N Fielding Rd

City State Zip Code
Bayside WI 53217-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer NML
Occupation Dir Acctg Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-1050

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 231
(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)
Loretta Mlekoday
Mailing Address 9030 N Fielding Rd
City Bayside State WI Zip Code 53217-1832
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Acctg Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 201011119151-1046
Amount of Each Receipt this Period 11.00

B. Full Name (Last, First, Middle Initial)
Karen A. Molloy
Mailing Address 2004 N 85th St
City Wauwatosa State WI Zip Code 53226-2846
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Asst Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-873
Amount of Each Receipt this Period 12.00

C. Full Name (Last, First, Middle Initial)
Karen A. Molloy
Mailing Address 2004 N 85th St
City Wauwatosa State WI Zip Code 53226-2846
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Asst Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-873
Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional) ► 35.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

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 NML Occupation
Asst Treasurer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-870

Amount of Each Receipt this Period
12.00

B.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City State Zip Code
Mequon WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Ast Gn Cnl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-1045

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City State Zip Code
Mequon WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Ast Gn Cnl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-1045

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Scott 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 NML Occupation
Ast Gn Cnl

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-1041

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code
Grafton WI 53024-2270

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 462.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-583

Amount of Each Receipt this Period
22.00

C.

Full Name (Last, First, Middle Initial)
Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code
Grafton WI 53024-2270

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 462.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-583

Amount of Each Receipt this Period
22.00

SUBTOTAL of Receipts This Page (optional) ▶

59.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Martin A. Moser

Mailing Address 378 Juniper Ct

City State Zip Code
Grafton WI 53024-2270

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 201011119151-581

Amount of Each Receipt this Period
22.00

B.

Full Name (Last, First, Middle Initial)
Thomas A. Mroczkowski

Mailing Address W323S8450 Nebo Trl

City State Zip Code
Mukwonago WI 53149-9281

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir IS Arch

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 201011119151-779

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
David K. Nelson

Mailing Address 1506 E Fox Ln

City State Zip Code
Fox Point WI 53217-2853

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-654

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
David K. Nelson
Mailing Address 1506 E Fox Ln
City Fox Point State WI Zip Code 53217-2853
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl/Ins
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-654
Amount of Each Receipt this Period 13.00

B. Full Name (Last, First, Middle Initial)
David K. Nelson
Mailing Address 1506 E Fox Ln
City Fox Point State WI Zip Code 53217-2853
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl/Ins
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-652
Amount of Each Receipt this Period 13.00

C. Full Name (Last, First, Middle Initial)
Ronald C. Nelson
Mailing Address 5275 N Lake Dr
City Whitefish Bay State WI Zip Code 53217-5371
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Rsrch & Prod Spt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 234.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-591
Amount of Each Receipt this Period 2.00

SUBTOTAL of Receipts This Page (optional) ► 28.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Ronald C. Nelson

Mailing Address 5275 N Lake Dr

City State Zip Code
Whitefish Bay WI 53217-5371

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Rsrch & Prod Spt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-591

Amount of Each Receipt this Period
2.00

B. Full Name (Last, First, Middle Initial)
Ronald C. Nelson

Mailing Address 5275 N Lake Dr

City State Zip Code
Whitefish Bay WI 53217-5371

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Rsrch & Prod Spt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-589

Amount of Each Receipt this Period
2.00

C. Full Name (Last, First, Middle Initial)
Timothy Nelson

Mailing Address 3518 17th St

City State Zip Code
Kenosha WI 53144-3339

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-859

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional) ► **17.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Timothy Nelson

Mailing Address 3518 17th St

City Kenosha State WI Zip Code 53144-3339

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt: 10 / 31 / 2010
Transaction ID: 2010102719120-859
 Amount of Each Receipt this Period: 13.00

B.

Full Name (Last, First, Middle Initial)
Timothy Nelson

Mailing Address 3518 17th St

City Kenosha State WI Zip Code 53144-3339

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 2010111119151-856
 Amount of Each Receipt this Period: 13.00

C.

Full Name (Last, First, Middle Initial)
James J. Nemeec

Mailing Address 22 Maple Ave

City Larchmont State NY Zip Code 10538-4041

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 ▼ 4368.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 201010151914-72
 Amount of Each Receipt this Period: 208.00

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 135 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
James J. Nemec
Mailing Address 22 Maple Ave
City Larchmont State NY Zip Code 10538-4041
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 ▼ 4368.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-72
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
James J. Nemec
Mailing Address 22 Maple Ave
City Larchmont State NY Zip Code 10538-4041
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 ▼ 4368.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-71
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Jeremy D. Newman
Mailing Address 1140 Lone Tree Rd
City Elm Grove State WI Zip Code 53122-2019
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Corp Offices
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 402.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-1081
Amount of Each Receipt this Period 18.00

SUBTOTAL of Receipts This Page (optional) ► 434.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Jeremy D. Newman		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1140 Lone Tree Rd		Transaction ID: 2010102719120-1081
City Elm Grove	State Zip Code WI 53122-2019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer NML	Occupation Dir Corp Offices	Aggregate Year-to-Date ▼ 402.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Jeremy D. Newman		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1140 Lone Tree Rd		Transaction ID: 2010111119151-1077
City Elm Grove	State Zip Code WI 53122-2019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
Name of Employer NML	Occupation Dir Corp Offices	Aggregate Year-to-Date ▼ 402.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) William H. Norton		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 10145 Wavell Rd		Transaction ID: 2010101319549-518
City Fairfax	State Zip Code VA 22032-2337	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Regional Director	Aggregate Year-to-Date ▼ 1050.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	86.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
William H. Norton

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 NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-518

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
William H. Norton

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 NML Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-516

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Daniel J. O Meara

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 NML Occupation VP Agency Dev & Pgrms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 549.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-701

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Daniel J. O Meara

Mailing Address W70N385 Foxpointe Ave

City Cedarburg State WI Zip Code 53012-2232

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agency Dev & Prgrms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 549.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-701
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Daniel J. O Meara

Mailing Address W70N385 Foxpointe Ave

City Cedarburg State WI Zip Code 53012-2232

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agency Dev & Prgrms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 549.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-698
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
John K. O Meara

Mailing Address 1083 N Perry Ct

City Wauwatosa State WI Zip Code 53213-3158

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Adv Plng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-1000
Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional) ▶ 64.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
John K. O Meara
Mailing Address 1083 N Perry Ct
City Wauwatosa State WI Zip Code 53213-3158
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Adv Plng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-1000
Amount of Each Receipt this Period 14.00

B. Full Name (Last, First, Middle Initial)
John K. O Meara
Mailing Address 1083 N Perry Ct
City Wauwatosa State WI Zip Code 53213-3158
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Adv Plng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-996
Amount of Each Receipt this Period 14.00

C. Full Name (Last, First, Middle Initial)
Mary Joy O Meara
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 Dir Exec Benefits Mkts
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-724
Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional) ► 41.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 231
(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)
Mary Joy O Meara

Mailing Address 4325 N Morris Blvd

City State Zip Code
Shorewood WI 53211-1547

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Exec Benefits Mkts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-724

Amount of Each Receipt this Period
13.00

B. Full Name (Last, First, Middle Initial)
Mary Joy O Meara

Mailing Address 4325 N Morris Blvd

City State Zip Code
Shorewood WI 53211-1547

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Exec Benefits Mkts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-721

Amount of Each Receipt this Period
13.00

C. Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Blvd

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-572

Amount of Each Receipt this Period
208.00

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 141 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Blvd

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-572

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Gregory C. Oberland

Mailing Address 4746 N Cumberland Blvd

City State Zip Code
Whitefish Bay WI 53211-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-570

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Kevin K. Olp

Mailing Address 13140 W North Ln

City State Zip Code
New Berlin WI 53151-9007

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Creat Svcs Sol & Co Init

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-656

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional) ► 428.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Kevin K. Olp

Mailing Address 13140 W North Ln

City State Zip Code
New Berlin WI 53151-9007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML Dir Creat Svcs Sol & Co Init

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-656

Amount of Each Receipt this Period
12.00

B.

Full Name (Last, First, Middle Initial)
Kevin K. Olp

Mailing Address 13140 W North Ln

City State Zip Code
New Berlin WI 53151-9007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NML Dir Creat Svcs Sol & Co Init

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-654

Amount of Each Receipt this Period
12.00

C.

Full Name (Last, First, Middle Initial)
Eric S. Olson

Mailing Address 127 Fairmount Rd

City State Zip Code
Ridgewood NJ 07450-1422

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 ▼ 882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-55

Amount of Each Receipt this Period
42.00

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 143 / 231
(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)
Eric S. Olson

Mailing Address 127 Fairmount Rd

City State Zip Code
Ridgewood NJ 07450-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-55

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Eric S. Olson

Mailing Address 127 Fairmount Rd

City State Zip Code
Ridgewood NJ 07450-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-54

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Ave

City State Zip Code
Muskego WI 53150-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
NML VP Pos

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-730

Amount of Each Receipt this Period
51.00

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 144 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Ave

City Muskego State WI Zip Code 53150-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Pos

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.00

Date of Receipt: 10 / 31 / 2010
Transaction ID: 2010102719120-730
Amount of Each Receipt this Period: 51.00

B.

Full Name (Last, First, Middle Initial)
Kathleen A. Oman

Mailing Address S63W16495 College Ave

City Muskego State WI Zip Code 53150-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Pos

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 2010111119151-727
Amount of Each Receipt this Period: 51.00

C.

Full Name (Last, First, Middle Initial)
Christen L. Partleton

Mailing Address 4832 N Shoreland Ave

City Whitefish Bay State WI Zip Code 53217-5821

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Facility Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 2010101319549-847
Amount of Each Receipt this Period: 26.00

SUBTOTAL of Receipts This Page (optional) ► 128.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Christen L. Partleton		Date of Receipt MM / DD / YYYY 10 / 31 / 2010		
	Mailing Address 4832 N Shoreland Ave		Transaction ID: 2010102719120-847		
	City Whitefish Bay	State WI	Zip Code 53217-5821	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Facility Ops			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00			

B.	Full Name (Last, First, Middle Initial) Christen L. Partleton		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 4832 N Shoreland Ave		Transaction ID: 2010111119151-844		
	City Whitefish Bay	State WI	Zip Code 53217-5821	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Facility Ops			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00			

C.	Full Name (Last, First, Middle Initial) Randy M. Pavlick		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address N38W28908 Middlefield Rd		Transaction ID: 2010111119151-535		
	City Pewaukee	State WI	Zip Code 53072-3154	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Ast Gn Cnl/Ipas			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

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 146 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) William C. Pickering		Date of Receipt
	Mailing Address 1823 N 81st St		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wauwatosa	WI	53213-2146
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010101319549-1011
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Ast Gn Cnl/Intl Pro	<input type="text" value="12.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="252.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) William C. Pickering		Date of Receipt
	Mailing Address 1823 N 81st St		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wauwatosa	WI	53213-2146
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010102719120-1011
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Ast Gn Cnl/Intl Pro	<input type="text" value="12.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="252.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) William C. Pickering		Date of Receipt
	Mailing Address 1823 N 81st St		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wauwatosa	WI	53213-2146
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010111119151-1007
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Ast Gn Cnl/Intl Pro	<input type="text" value="12.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="252.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="36.00"/>
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 147 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Dr

City Bayside State WI Zip Code 53217-1869

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: 2010101319549-1040
Amount of Each Receipt this Period: 23.00

B. Full Name (Last, First, Middle Initial)
Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Dr

City Bayside State WI Zip Code 53217-1869

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 10 / 31 / 2010
Transaction ID: 2010102719120-1040
Amount of Each Receipt this Period: 23.00

C. Full Name (Last, First, Middle Initial)
Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Dr

City Bayside State WI Zip Code 53217-1869

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: 2010111119151-1036
Amount of Each Receipt this Period: 23.00

SUBTOTAL of Receipts This Page (optional) ► 69.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Gary A. Poliner

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 Ips

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3590.94

Date of Receipt: 10 / 15 / 2010
Transaction ID: 2010101319549-524
Amount of Each Receipt this Period: 121.66

B. Full Name (Last, First, Middle Initial)
Gary A. Poliner

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 Ips

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3590.94

Date of Receipt: 10 / 31 / 2010
Transaction ID: 2010102719120-524
Amount of Each Receipt this Period: 121.66

C. Full Name (Last, First, Middle Initial)
Gary A. Poliner

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 Ips

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3590.94

Date of Receipt: 11 / 15 / 2010
Transaction ID: 2010111119151-522
Amount of Each Receipt this Period: 121.66

SUBTOTAL of Receipts This Page (optional) ► 364.98

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Michael E. Pritzl

Mailing Address 572 Cottonwood Ln

City State Zip Code
Grafton WI 53024-9591

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agency Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-947

Amount of Each Receipt this Period
17.00

B. Full Name (Last, First, Middle Initial)
Michael E. Pritzl

Mailing Address 572 Cottonwood Ln

City State Zip Code
Grafton WI 53024-9591

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agency Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-947

Amount of Each Receipt this Period
17.00

C. Full Name (Last, First, Middle Initial)
Michael E. Pritzl

Mailing Address 572 Cottonwood Ln

City State Zip Code
Grafton WI 53024-9591

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agency Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-943

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional) ► **51.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Charles R. Pruett

Mailing Address 224 Ensworth PI

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 201010151914-59

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Charles R. Pruett

Mailing Address 224 Ensworth PI

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-59

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Charles R. Pruett

Mailing Address 224 Ensworth PI

City Nashville State TN Zip Code 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-58

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
John M. Qualy

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 201010151914-2

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
John M. Qualy

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-2

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
John M. Qualy

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-2

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 152 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Craig L. Quinlan

Mailing Address 2302 Court North Dr

City State Zip Code
Melville NY 11747-8122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-34

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Craig L. Quinlan

Mailing Address 2302 Court North Dr

City State Zip Code
Melville NY 11747-8122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-34

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Craig L. Quinlan

Mailing Address 2302 Court North Dr

City State Zip Code
Melville NY 11747-8122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-33

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **126.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Thomas O. Rabenn

Mailing Address 9410 N Fairway Dr

City Bayside State WI Zip Code 53217-1321

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 11 / 15 / 2010

Transaction ID: 201011119151-998

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
Steven M. Radke

Mailing Address 9600 N Crestwood Ct

City Mequon State WI Zip Code 53092-5355

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-811

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Steven M. Radke

Mailing Address 9600 N Crestwood Ct

City Mequon State WI Zip Code 53092-5355

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-811

Amount of Each Receipt this Period 30.00

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 154 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Steven M. Radke

Mailing Address 9600 N Crestwood Ct

City State Zip Code
Mequon WI 53092-5355

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 ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-808

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Randal W. Ralph

Mailing Address 3616 Turnberry Dr

City State Zip Code
Mequon WI 53092-6307

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 367.50

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-1037

Amount of Each Receipt this Period
17.50

C. Full Name (Last, First, Middle Initial)
Randal W. Ralph

Mailing Address 3616 Turnberry Dr

City State Zip Code
Mequon WI 53092-6307

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 367.50

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-1037

Amount of Each Receipt this Period
17.50

SUBTOTAL of Receipts This Page (optional) ▶ **65.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Randal W. Ralph

Mailing Address 3616 Turnberry Dr

City State Zip Code
Meguon WI 53092-6307

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 367.50

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 201011119151-1033

Amount of Each Receipt this Period
17.50

B.

Full Name (Last, First, Middle Initial)
Jeff D. Reeter

Mailing Address 7 Williamsburg Ln

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-70

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Jeff D. Reeter

Mailing Address 7 Williamsburg Ln

City State Zip Code
Houston TX 77024-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-70

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **217.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Jeff D. Reeter		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 7 Williamsburg Ln		Transaction ID: 2010111519234-69
City Houston	State TX	Zip Code 77024-5144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

B.

Full Name (Last, First, Middle Initial) David R. Remstad		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 2634 N Lake Dr		Transaction ID: 2010101319549-734
City Milwaukee	State WI	Zip Code 53211-3837
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer NML	Occupation VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

C.

Full Name (Last, First, Middle Initial) David R. Remstad		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 2634 N Lake Dr		Transaction ID: 2010102719120-734
City Milwaukee	State WI	Zip Code 53211-3837
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer NML	Occupation VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

SUBTOTAL of Receipts This Page (optional)	220.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
David R. Remstad

Mailing Address 2634 N Lake Dr

City Milwaukee State WI Zip Code 53211-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 201011119151-731

Amount of Each Receipt this Period 60.00

B.

Full Name (Last, First, Middle Initial)
Zhibin Ren

Mailing Address 14925 W Woodview Ct

City New Berlin State WI Zip Code 53151-2390

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl Intl Pro

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-836

Amount of Each Receipt this Period 12.00

C.

Full Name (Last, First, Middle Initial)
Zhibin Ren

Mailing Address 14925 W Woodview Ct

City New Berlin State WI Zip Code 53151-2390

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl Intl Pro

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-836

Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional) ► **84.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Zhibin Ren

Mailing Address 14925 W Woodview Ct

City State Zip Code
New Berlin WI 53151-2390

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl Intl Pro

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-833

Amount of Each Receipt this Period
12.00

B.

Full Name (Last, First, Middle Initial)
Peter K. Richardson

Mailing Address 720 E Green Tree Rd

City State Zip Code
Fox Point WI 53217-3615

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Ipas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-501

Amount of Each Receipt this Period
19.00

C.

Full Name (Last, First, Middle Initial)
Peter K. Richardson

Mailing Address 720 E Green Tree Rd

City State Zip Code
Fox Point WI 53217-3615

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Ipas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-501

Amount of Each Receipt this Period
19.00

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: PAGE 159 / 231
(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)
Peter K. Richardson
Mailing Address 720 E Green Tree Rd
City State Zip Code
Fox Point WI 53217-3615
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl/Ipas
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 201011119151-499
Amount of Each Receipt this Period 19.00

B. Full Name (Last, First, Middle Initial)
Daniel A. Riedl
Mailing Address 6604 Cedar St
City State Zip Code
Wauwatosa WI 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 ▼ 525.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-655
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Daniel A. Riedl
Mailing Address 6604 Cedar St
City State Zip Code
Wauwatosa WI 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 ▼ 525.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-655
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 69.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar St

City State Zip Code
Wauwatosa WI 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 ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-653

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Dr

City State Zip Code
Shorewood WI 53211-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
EVP & Chief Admin Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4368.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-612

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Dr

City State Zip Code
Shorewood WI 53211-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
EVP & Chief Admin Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4368.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-612

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶

441.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 231
(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)
Marcia Rimai
Mailing Address 4100 N Lake Dr
City Shorewood State WI Zip Code 53211-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation EVP & Chief Admin Officer
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4368.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 201011119151-610
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
J. Daniel Rivers
Mailing Address 3601 River Ridge Cv
City Prospect State KY Zip Code 40059-8038
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3372.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-33
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
J. Daniel Rivers
Mailing Address 3601 River Ridge Cv
City Prospect State KY Zip Code 40059-8038
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3372.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-33
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 162 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
J. Daniel Rivers

Mailing Address 3601 River Ridge Cv

City Prospect State KY Zip Code 40059-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3372.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-32
Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
Bethany M. Rodenhuis

Mailing Address 3900 N Lake Dr

City Shorewood State WI Zip Code 53211-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-613
Amount of Each Receipt this Period 60.00

C.

Full Name (Last, First, Middle Initial)
Bethany M. Rodenhuis

Mailing Address 3900 N Lake Dr

City Shorewood State WI Zip Code 53211-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Plng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-613
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 328.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 231
(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)
Bethany M. Rodenhuis

Mailing Address 3900 N Lake Dr

City Shorewood State WI Zip Code 53211-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Corp Plng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 201011119151-611

Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
Tammy M. Roou

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 & Ins Prod & Dist Cnl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-798

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Tammy M. Roou

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 & Ins Prod & Dist Cnl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-798

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 231
(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)
Tammy M. Roou
Mailing Address N99W14710 Amber Dr
City State Zip Code
Germantown WI 53022-6611
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Ins Prod & Dist Cnl
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 201011119151-795
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Matt Russo
Mailing Address 139 Deep Valley Rd
City State Zip Code
New Canaan CT 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 ▼ 4368.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-63
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Matt Russo
Mailing Address 139 Deep Valley Rd
City State Zip Code
New Canaan CT 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 ▼ 4368.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-63
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 165 / 231
(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)
Matt Russo

Mailing Address 139 Deep Valley Rd

City State Zip Code
New Canaan CT 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 ▼ 4368.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-62

Amount of Each Receipt this Period
208.00

B. Full Name (Last, First, Middle Initial)
Stephen G. Ruys

Mailing Address 2336 N 90th St

City State Zip Code
Wauwatosa WI 53226-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Dir IS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-808

Amount of Each Receipt this Period
16.00

C. Full Name (Last, First, Middle Initial)
Stephen G. Ruys

Mailing Address 2336 N 90th St

City State Zip Code
Wauwatosa WI 53226-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Dir IS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-808

Amount of Each Receipt this Period
16.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Stephen G. Ruys

Mailing Address 2336 N 90th St

City State Zip Code
Wauwatosa WI 53226-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 201011119151-805

Amount of Each Receipt this Period
16.00

B.

Full Name (Last, First, Middle Initial)
R. Philip Sarnecki

Mailing Address 16004 King St

City State Zip Code
Overland Park KS 66062-7508

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-45

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
R. Philip Sarnecki

Mailing Address 16004 King St

City State Zip Code
Overland Park KS 66062-7508

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-45

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **316.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 231
(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)
R. Philip Sarnecki

Mailing Address 16004 King St

City State Zip Code
Overland Park KS 66062-7508

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-44

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Joseph M. Savino

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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-4

Amount of Each Receipt this Period
208.00

C. Full Name (Last, First, Middle Initial)
Joseph M. Savino

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 Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-4

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶ **566.00**

TOTAL This Period (last page this line 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 168 / 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Joseph M. Savino	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 8 Benedek Rd	Transaction ID: 2010111519234-4
	City State Zip Code Princeton NJ 08540-2227	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4368.00	

B.	Full Name (Last, First, Middle Initial) Timothy G. Schaefer	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1013 E Lexington Blvd	Transaction ID: 2010101319549-846
	City State Zip Code Whitefish Bay WI 53217-5381	Amount of Each Receipt this Period 71.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NML Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1479.00	

C.	Full Name (Last, First, Middle Initial) Timothy G. Schaefer	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 1013 E Lexington Blvd	Transaction ID: 2010102719120-846
	City State Zip Code Whitefish Bay WI 53217-5381	Amount of Each Receipt this Period 71.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NML Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1479.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blvd

City State Zip Code
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1479.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 201011119151-843

Amount of Each Receipt this Period 71.00

B. Full Name (Last, First, Middle Initial)
Cal D. Schattschneider

Mailing Address 5940 Stefanie Way

City State Zip Code
Caledonia WI 53108-9563

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir - Nb Lg Case

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-1016

Amount of Each Receipt this Period 18.00

C. Full Name (Last, First, Middle Initial)
Cal D. Schattschneider

Mailing Address 5940 Stefanie Way

City State Zip Code
Caledonia WI 53108-9563

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir - Nb Lg Case

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-1016

Amount of Each Receipt this Period 18.00

SUBTOTAL of Receipts This Page (optional) ► 107.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Cal D. Schattschneider

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 - Nb Lg Case

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 201011119151-1012

Amount of Each Receipt this Period 18.00

B.

Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 1500 Greenway Ter

City Elm Grove State WI Zip Code 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-752

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 1500 Greenway Ter

City Elm Grove State WI Zip Code 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 2010102719120-752

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► **434.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
John E. Schlifske

Mailing Address 1500 Greenway Ter

City State Zip Code
Elm Grove WI 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4368.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 201011119151-749

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Dr

City State Zip Code
Cedarburg WI 53012-2281

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Dir Research

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 486.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-953

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Dr

City State Zip Code
Cedarburg WI 53012-2281

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Dir Research

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 486.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-953

Amount of Each Receipt this Period

22.00

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 172 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Jeffrey S. Schlinsog	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address W73N412 Greystone Dr	Transaction ID: 201011119151-949
	City State Zip Code Cedarburg WI 53012-2281	Amount of Each Receipt this Period 22.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Dir Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 486.00	

B.	Full Name (Last, First, Middle Initial) Kathleen H. Schluter	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 5057 N Palisades Rd	Transaction ID: 2010101319549-754
	City State Zip Code Whitefish Bay WI 53217-5756	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP & Tax Cnsl Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 651.00	

C.	Full Name (Last, First, Middle Initial) Kathleen H. Schluter	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 5057 N Palisades Rd	Transaction ID: 2010102719120-754
	City State Zip Code Whitefish Bay WI 53217-5756	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP & Tax Cnsl Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 651.00	

SUBTOTAL of Receipts This Page (optional)	84.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Kathleen H. Schluter
Mailing Address 5057 N Palisades Rd
City State Zip Code
Whitefish Bay WI 53217-5756
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP & Tax Cnsl
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 651.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 201011119151-751
Amount of Each Receipt this Period 31.00

B. Full Name (Last, First, Middle Initial)
Calvin R. Schmidt
Mailing Address W205 Allen Rd
City State Zip Code
Oconomowoc WI 53066-9048
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Inv Prod Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1215.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-780
Amount of Each Receipt this Period 59.00

C. Full Name (Last, First, Middle Initial)
Calvin R. Schmidt
Mailing Address W205 Allen Rd
City State Zip Code
Oconomowoc WI 53066-9048
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Inv Prod Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1215.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-780
Amount of Each Receipt this Period 59.00

SUBTOTAL of Receipts This Page (optional) ► 149.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Calvin R. Schmidt		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address W205 Allen Rd		Transaction ID: 201011119151-777		
	City Oconomowoc	State WI	Zip Code 53066-9048	Amount of Each Receipt this Period 59.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer NML		Occupation VP Inv Prod Ops		Aggregate Year-to-Date ▼ 1215.00	

B.	Full Name (Last, First, Middle Initial) Rodd Schneider		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 1415 E Fairy Chasm Rd		Transaction ID: 2010101319549-515		
	City Bayside	State WI	Zip Code 53217-1433	Amount of Each Receipt this Period 27.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer NML		Occupation VP & Lit Cnsl		Aggregate Year-to-Date ▼ 567.00	

C.	Full Name (Last, First, Middle Initial) Rodd Schneider		Date of Receipt MM / DD / YYYY 10 / 31 / 2010		
	Mailing Address 1415 E Fairy Chasm Rd		Transaction ID: 2010102719120-515		
	City Bayside	State WI	Zip Code 53217-1433	Amount of Each Receipt this Period 27.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer NML		Occupation VP & Lit Cnsl		Aggregate Year-to-Date ▼ 567.00	

SUBTOTAL of Receipts This Page (optional) ▶

113.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Rodd Schneider

Mailing Address 1415 E Fairy Chasm Rd

City State Zip Code
Bayside WI 53217-1433

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 567.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2010

Transaction ID: 201011119151-513

Amount of Each Receipt this Period
27.00

B. Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave
U

City State Zip Code
Milwaukee WI 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2010

Transaction ID: 2010101319549-1060

Amount of Each Receipt this Period
208.00

C. Full Name (Last, First, Middle Initial)
Todd M. Schoon

Mailing Address 923 E Kilbourn Ave
U

City State Zip Code
Milwaukee WI 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Sr VP Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4368.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2010

Transaction ID: 2010102719120-1060

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶ **443.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Todd M. Schoon		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 923 E Kilbourn Ave # U		Transaction ID: 201011119151-1056
City Milwaukee	State Zip Code WI 53202-3493	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Sr VP Agencies	Aggregate Year-to-Date ▼ 4368.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Brad P. Seitzinger		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1672 Chieftan Cir		Transaction ID: 201010151914-48
City Oxford	State Zip Code MI 48371-6095	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1299.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Brad P. Seitzinger		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1672 Chieftan Cir		Transaction ID: 201010291915-48
City Oxford	State Zip Code MI 48371-6095	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1299.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	358.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 177 / 231
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Brad P. Seitzinger		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1672 Chieftan Cir		Transaction ID: 2010111519234-47		
	City Oxford	State MI	Zip Code 48371-6095	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation General Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1299.00			

B.	Full Name (Last, First, Middle Initial) Catherine L. Shaw		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 7720 Rogers Ave		Transaction ID: 2010111119151-868		
	City Wauwatosa	State WI	Zip Code 53213-1748	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML		Occupation Ast Gn Cnl/Re		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) David W. Simbro		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 311 E Erie St Unit 4		Transaction ID: 2010101319549-1049		
	City Milwaukee	State WI	Zip Code 53202-6040	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML		Occupation VP Life Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie St
Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Life Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-1049
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
David W. Simbro

Mailing Address 311 E Erie St
Unit 4

City Milwaukee State WI Zip Code 53202-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Life Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-1045
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City Cedarburg State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Uw Standards

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-867
Amount of Each Receipt this Period 27.00

SUBTOTAL of Receipts This Page (optional) ► 107.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City State Zip Code
Cedarburg WI 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
VP Uw Standards

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 543.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-867

Amount of Each Receipt this Period
27.00

B.

Full Name (Last, First, Middle Initial)
Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City State Zip Code
Cedarburg WI 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
VP Uw Standards

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 543.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-864

Amount of Each Receipt this Period
27.00

C.

Full Name (Last, First, Middle Initial)
Mark W. Smith

Mailing Address 614 Park Crest Dr

City State Zip Code
Thiensville WI 53092-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Ast Gen Cnl & Sec

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 507.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-868

Amount of Each Receipt this Period
23.00

SUBTOTAL of Receipts This Page (optional) ▶

77.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mark W. Smith

Mailing Address 614 Park Crest Dr

City Thiensville State WI Zip Code 53092-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gen Cnl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-868
Amount of Each Receipt this Period 23.00

B.

Full Name (Last, First, Middle Initial)
Mark W. Smith

Mailing Address 614 Park Crest Dr

City Thiensville State WI Zip Code 53092-1423

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gen Cnl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-865
Amount of Each Receipt this Period 23.00

C.

Full Name (Last, First, Middle Initial)
Richard P. Snyder

Mailing Address 909 Fairview Ave

City South Milwaukee State WI Zip Code 53172-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Field Comp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-634
Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Richard P. Snyder
Mailing Address 909 Fairview Ave
City South Milwaukee State WI Zip Code 53172-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Field Comp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 306.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-634
Amount of Each Receipt this Period 14.00

B. Full Name (Last, First, Middle Initial)
Richard P. Snyder
Mailing Address 909 Fairview Ave
City South Milwaukee State WI Zip Code 53172-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Field Comp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 306.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-632
Amount of Each Receipt this Period 14.00

C. Full Name (Last, First, Middle Initial)
Steve P. Sperka
Mailing Address S67W17735 Copper Oaks Ct
City Muskego State WI Zip Code 53150-7503
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Ltc
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 414.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-785
Amount of Each Receipt this Period 26.00

SUBTOTAL of Receipts This Page (optional) ► 54.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Steve P. Sperka</p> <p>Mailing Address S67W17735 Copper Oaks Ct</p> <p>City State Zip Code Muskego WI 53150-7503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Ltc</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 414.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: 2010102719120-785</p> <p>Amount of Each Receipt this Period 26.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Steve P. Sperka</p> <p>Mailing Address S67W17735 Copper Oaks Ct</p> <p>City State Zip Code Muskego WI 53150-7503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Ltc</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 414.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: 2010111119151-782</p> <p>Amount of Each Receipt this Period 26.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Robert L. Spinks</p> <p>Mailing Address 305 Waterbury Cv</p> <p>City State Zip Code Jackson MS 39232-8692</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation General Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 882.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: 201010151914-9</p> <p>Amount of Each Receipt this Period 42.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	94.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Robert L. Spinks
Mailing Address 305 Waterbury Cv
City Jackson State MS Zip Code 39232-8692
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 882.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-9
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Robert L. Spinks
Mailing Address 305 Waterbury Cv
City Jackson State MS Zip Code 39232-8692
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 882.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-8
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Paul J. Steffen
Mailing Address 10502 N Stone Creek Dr
City Mequon State WI Zip Code 53092-5463
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Agencies
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-516
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 134.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek Dr

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-516

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Paul J. Steffen

Mailing Address 10502 N Stone Creek Dr

City State Zip Code
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-514

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Jason Steigman

Mailing Address 2301 E Newton Ave

City State Zip Code
Shorewood WI 53211-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 513.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-594

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional) ► 117.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 231
(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)
Jason Steigman
Mailing Address 2301 E Newton Ave
City Shorewood State WI Zip Code 53211-2617
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 513.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-594
Amount of Each Receipt this Period 17.00

B. Full Name (Last, First, Middle Initial)
Jason Steigman
Mailing Address 2301 E Newton Ave
City Shorewood State WI Zip Code 53211-2617
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 513.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-592
Amount of Each Receipt this Period 17.00

C. Full Name (Last, First, Middle Initial)
David G. Stoeffel
Mailing Address 6311 N Lake Dr
City Whitefish Bay State WI Zip Code 53217-4343
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Annuity & Invest Prod
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 627.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-869
Amount of Each Receipt this Period 31.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
David G. Stoeffel

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 NML Occupation VP Annuity & Invest Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 627.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-869

Amount of Each Receipt this Period 31.00

B.

Full Name (Last, First, Middle Initial)
David G. Stoeffel

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 NML Occupation VP Annuity & Invest Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 627.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-866

Amount of Each Receipt this Period 31.00

C.

Full Name (Last, First, Middle Initial)
Stephen R. Stone

Mailing Address N58W24851 Cardinal Ct

City State Zip Code
Sussex WI 53089-5024

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation Dir Inv Acctg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-659

Amount of Each Receipt this Period 17.00

SUBTOTAL of Receipts This Page (optional) 79.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Stephen R. Stone

Mailing Address N58W24851 Cardinal Ct

City State Zip Code
Sussex WI 53089-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Inv Acctg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-659

Amount of Each Receipt this Period
17.00

B.

Full Name (Last, First, Middle Initial)
Stephen R. Stone

Mailing Address N58W24851 Cardinal Ct

City State Zip Code
Sussex WI 53089-5024

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Inv Acctg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-657

Amount of Each Receipt this Period
17.00

C.

Full Name (Last, First, Middle Initial)
Richard A. Strait

Mailing Address 9086 N Tennyson Dr

City State Zip Code
Bayside WI 53217-1967

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-1047

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 59.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Richard A. Strait		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 9086 N Tennyson Dr		Transaction ID: 2010102719120-1047
City Bayside	State WI	Zip Code 53217-1967
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.

Full Name (Last, First, Middle Initial) Richard A. Strait		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 9086 N Tennyson Dr		Transaction ID: 2010111119151-1043
City Bayside	State WI	Zip Code 53217-1967
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.

Full Name (Last, First, Middle Initial) Peter F. Striano, III		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 11050 NW 78th PI		Transaction ID: 201010151914-60
City Parkland	State FL	Zip Code 33076-4723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Peter F. Striano, III

Mailing Address 11050 NW 78th PI

City State Zip Code
Parkland FL 33076-4723

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-60

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
Peter F. Striano, III

Mailing Address 11050 NW 78th PI

City State Zip Code
Parkland FL 33076-4723

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-59

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
Steven J. Stribling

Mailing Address 11830 W Whitaker Ave

City State Zip Code
Greenfield WI 53228-2455

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
NML Director - Di Benefits

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-1063

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) ▶

265.00

TOTAL This Period (last page this line 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 190 / 231
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.	Full Name (Last, First, Middle Initial) Steven J. Stribling		Date of Receipt
	Mailing Address 11830 W Whitaker Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Greenfield	WI	53228-2455
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010102719120-1063
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Director - Di Benefits	<input type="text"/> 15.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 315.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Steven J. Stribling		Date of Receipt
	Mailing Address 11830 W Whitaker Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Greenfield	WI	53228-2455
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010111119151-1059
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Director - Di Benefits	<input type="text"/> 15.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 315.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Stephen J. Strommen		Date of Receipt
	Mailing Address 7410 N Range Line Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Glendale	WI	53209-2028
	FEC ID number of contributing federal political committee. C		Transaction ID: 2010101319549-753
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		Senior Actuary	<input type="text"/> 18.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 378.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 48.00
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 191 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Stephen J. Strommen

Mailing Address 7410 N Range Line Rd

City State Zip Code
Glendale WI 53209-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-753

Amount of Each Receipt this Period
18.00

B.

Full Name (Last, First, Middle Initial)
Stephen J. Strommen

Mailing Address 7410 N Range Line Rd

City State Zip Code
Glendale WI 53209-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-750

Amount of Each Receipt this Period
18.00

C.

Full Name (Last, First, Middle Initial)
Daphne Cristi Stroud

Mailing Address 150 Fernwood Dr

City State Zip Code
East Greenwich RI 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-65

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **78.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Daphne Cristi Stroud

Mailing Address 150 Fernwood Dr

City East Greenwich State RI Zip Code 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-65

Amount of Each Receipt this Period 42.00

B.

Full Name (Last, First, Middle Initial)
Daphne Cristi Stroud

Mailing Address 150 Fernwood Dr

City East Greenwich State RI Zip Code 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 2010111519234-64

Amount of Each Receipt this Period 42.00

C.

Full Name (Last, First, Middle Initial)
Theodore H. Strupp

Mailing Address 9411 Harding Blvd

City Wauwatosa State WI Zip Code 53226-1722

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Corp & Exec Com

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 2010101319549-779

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: PAGE 193 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Theodore H. Strupp

Mailing Address 9411 Harding Blvd

City State Zip Code
Wauwatosa WI 53226-1722

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Corp & Exec Com

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-779

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
Theodore H. Strupp

Mailing Address 9411 Harding Blvd

City State Zip Code
Wauwatosa WI 53226-1722

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Corp & Exec Com

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-776

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
Christopher P. Swain

Mailing Address 10927 N Wyngate Trce

City State Zip Code
Mequon WI 53092-5862

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 ▼ 218.82

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-824

Amount of Each Receipt this Period
10.42

SUBTOTAL of Receipts This Page (optional) ► 40.42

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Christopher P. Swain

Mailing Address 10927 N Wyngate Trce

City State Zip Code
Mequon WI 53092-5862

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 ▼ 218.82

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 201011119151-821

Amount of Each Receipt this Period
10.42

B. Full Name (Last, First, Middle Initial)
Rachel L. Tahnint

Mailing Address 4733 N Cumberland Blvd

City State Zip Code
Whitefish Bay WI 53211-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Info Risk Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 552.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-816

Amount of Each Receipt this Period
24.00

C. Full Name (Last, First, Middle Initial)
Rachel L. Tahnint

Mailing Address 4733 N Cumberland Blvd

City State Zip Code
Whitefish Bay WI 53211-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Info Risk Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 552.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-816

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional) ► 58.42

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Rachel L. Tahnint
Mailing Address 4733 N Cumberland Blvd
City Whitefish Bay State WI Zip Code 53211-1140
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Info Risk Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 552.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-813
Amount of Each Receipt this Period 24.00

B. Full Name (Last, First, Middle Initial)
Thomas Talajkowski
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 Financial Plng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-852
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Elizabeth B. Taylor
Mailing Address W287N945 Bedouin Ct
City Waukesha State WI Zip Code 53188-9497
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Dir Estate Mkts
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-1088
Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional) ► 48.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Elizabeth B. Taylor

Mailing Address W287N945 Bedouin Ct

City State Zip Code
Waukesha WI 53188-9497

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Estate Mkts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-1088

Amount of Each Receipt this Period
14.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth B. Taylor

Mailing Address W287N945 Bedouin Ct

City State Zip Code
Waukesha WI 53188-9497

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Estate Mkts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-1084

Amount of Each Receipt this Period
14.00

C.

Full Name (Last, First, Middle Initial)
Joe P. Teague

Mailing Address 17002 Abastros De Avila

City State Zip Code
Tampa FL 33613-5214

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1470.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-12

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional) ► 98.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joe P. Teague

Mailing Address 17002 Abastros De Avila

City State Zip Code
Tampa FL 33613-5214

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1470.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-12

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Joe P. Teague

Mailing Address 17002 Abastros De Avila

City State Zip Code
Tampa FL 33613-5214

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1470.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-11

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Michael F. Tews

Mailing Address 609 S 249th Cir

City State Zip Code
Waterloo NE 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 882.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-30

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Michael F. Tews
Mailing Address 609 S 249th 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 ▼ 882.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 201010291915-30
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Michael F. Tews
Mailing Address 609 S 249th Cir
City Waterloo State NE Zip Code 68069-4432
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 882.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111519234-29
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Scott P. Theodore
Mailing Address 12505 Ventana Mesa Cir
City Castle Rock State CO Zip Code 80108-9148
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1248.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-41
Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► 292.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Scott P. Theodore

Mailing Address 12505 Ventana Mesa Cir

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-41

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)
Scott P. Theodore

Mailing Address 12505 Ventana Mesa Cir

City State Zip Code
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-40

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
Douglas D. Timmer

Mailing Address 633 W McIntosh Ln

City State Zip Code
Mequon WI 53092-6022

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
NML Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 357.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-978

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

433.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Douglas D. Timmer

Mailing Address 633 W McIntosh Ln

City State Zip Code
Mequon WI 53092-6022

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-978

Amount of Each Receipt this Period
17.00

B.

Full Name (Last, First, Middle Initial)
Douglas D. Timmer

Mailing Address 633 W McIntosh Ln

City State Zip Code
Mequon WI 53092-6022

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-974

Amount of Each Receipt this Period
17.00

C.

Full Name (Last, First, Middle Initial)
Alex J. Tronco

Mailing Address 5 N Point Dr

City State Zip Code
Cohoes NY 12047-3823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 201010151914-67

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **76.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 231
(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)
Alex J. Tronco

Mailing Address 5 N Point Dr

City State Zip Code
Cohoes NY 12047-3823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 201010291915-67

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Alex J. Tronco

Mailing Address 5 N Point Dr

City State Zip Code
Cohoes NY 12047-3823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111519234-66

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Chris G. Trost

Mailing Address 1218 E Olive St

City State Zip Code
Shorewood WI 53211-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
NML Senior Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-593

Amount of Each Receipt this Period
18.00

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 202 / 231
(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)
Chris G. Trost
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 ▼ 378.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-593
Amount of Each Receipt this Period 18.00

B. Full Name (Last, First, Middle Initial)
Chris G. Trost
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 ▼ 378.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-591
Amount of Each Receipt this Period 18.00

C. Full Name (Last, First, Middle Initial)
Leo C. Tucker
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 ▼ 1575.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 201010151914-57
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 111.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Leo C. Tucker		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 605 Potomac River Rd		Transaction ID: 201010291915-57
City Mc Lean	State Zip Code VA 22102-1402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date 1575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Leo C. Tucker		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 605 Potomac River Rd		Transaction ID: 2010111519234-56
City Mc Lean	State Zip Code VA 22102-1402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date 1575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Sean P. Twohig		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 762 Country Club Ln		Transaction ID: 2010101319549-1019
City Fond Du Lac	State Zip Code WI 54935-8313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer NML	Occupation Director li	Aggregate Year-to-Date 330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Sean P. Twohig

Mailing Address 762 Country Club Ln

City State Zip Code
Fond Du Lac WI 54935-8313

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Director li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-1019

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Sean P. Twohig

Mailing Address 762 Country Club Ln

City State Zip Code
Fond Du Lac WI 54935-8313

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Director li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-1015

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Bruce K. Twomey

Mailing Address 1035 Oakwood Ln
Unit B

City State Zip Code
Brookfield WI 53045-2828

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir Tech Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-511

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional) ► **32.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Bruce K. Twomey		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 1035 Oakwood Ln Unit B		Transaction ID: 2010102719120-511
City Brookfield	State WI	Zip Code 53045-2828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation Dir Tech Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Bruce K. Twomey		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1035 Oakwood Ln Unit B		Transaction ID: 2010111119151-509
City Brookfield	State WI	Zip Code 53045-2828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation Dir Tech Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Martha M. Valerio		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 6048 N Lydell Ave		Transaction ID: 2010101319549-617
City Whitefish Bay	State WI	Zip Code 53217-4522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer NML	Occupation VP & Chief Info Security Ofcr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	▶	36.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 231
(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)
Martha M. Valerio

Mailing Address 6048 N Lydell Ave

City State Zip Code
Whitefish Bay WI 53217-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Chief Info Security Ofcr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-617

Amount of Each Receipt this Period
12.00

B. Full Name (Last, First, Middle Initial)
Martha M. Valerio

Mailing Address 6048 N Lydell Ave

City State Zip Code
Whitefish Bay WI 53217-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP & Chief Info Security Ofcr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-615

Amount of Each Receipt this Period
12.00

C. Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen

Mailing Address 4520 N Lake Dr

City State Zip Code
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Public Equities

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1086.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-602

Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional) ► **62.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen
Mailing Address 4520 N Lake Dr

City State Zip Code
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
VP Public Equities

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1086.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-602

Amount of Each Receipt this Period
38.00

B.

Full Name (Last, First, Middle Initial)
Patricia L. Van Kampen
Mailing Address 4520 N Lake Dr

City State Zip Code
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
VP Public Equities

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1086.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-600

Amount of Each Receipt this Period
38.00

C.

Full Name (Last, First, Middle Initial)
Andrew T. Vedder
Mailing Address 2852 N Farwell Ave

City State Zip Code
Milwaukee WI 53211-3760

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation
Ast Gn Cnl/Secur

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-1068

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 231
(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)
Andrew T. Vedder
Mailing Address 2852 N Farwell Ave
City Milwaukee State WI Zip Code 53211-3760
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl/Secur
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-1068
Amount of Each Receipt this Period 14.00

B. Full Name (Last, First, Middle Initial)
Andrew T. Vedder
Mailing Address 2852 N Farwell Ave
City Milwaukee State WI Zip Code 53211-3760
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl/Secur
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-1064
Amount of Each Receipt this Period 14.00

C. Full Name (Last, First, Middle Initial)
Janine L. Wagner
Mailing Address 1300 N Prospect Ave
City Milwaukee State WI Zip Code 53202-3022
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Director IS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 261.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-804
Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional) ► 41.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Janine L. Wagner

Mailing Address 1300 N Prospect Ave

City State Zip Code
Milwaukee WI 53202-3022

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Director IS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 261.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-804

Amount of Each Receipt this Period
13.00

B.

Full Name (Last, First, Middle Initial)
Janine L. Wagner

Mailing Address 1300 N Prospect Ave

City State Zip Code
Milwaukee WI 53202-3022

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Director IS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 261.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-801

Amount of Each Receipt this Period
13.00

C.

Full Name (Last, First, Middle Initial)
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-24

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

126.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Robert J. Waltos, Jr.
Mailing Address 7 Castaways N

City Newport Beach	State CA	Zip Code 92660-8403
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation General Insurance Agent
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-24
 Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert J. Waltos, Jr.
Mailing Address 7 Castaways N

City Newport Beach	State CA	Zip Code 92660-8403
------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation General Insurance Agent
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-23
 Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Gregory J. Walz
Mailing Address 130 S Water St Apt 4

City Milwaukee	State WI	Zip Code 53204-1499
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NML	Occupation Managing Director
-------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-992
 Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
P. Andrew Ware

Mailing Address 7900 N Berwyn Ave

City State Zip Code
Glendale WI 53209-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-498

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
P. Andrew Ware

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 NML Occupation VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-498

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
P. Andrew Ware

Mailing Address 7900 N Berwyn Ave

City State Zip Code
Glendale WI 53209-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-496

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Andrew T. Wassweiler

Mailing Address 6746 River Terrace D

City State Zip Code
Franklin WI 53132

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 ▼ 237.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-790

Amount of Each Receipt this Period
13.00

B.

Full Name (Last, First, Middle Initial)
Andrew T. Wassweiler

Mailing Address 6746 River Terrace D

City State Zip Code
Franklin WI 53132

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 ▼ 237.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-790

Amount of Each Receipt this Period
13.00

C.

Full Name (Last, First, Middle Initial)
Andrew T. Wassweiler

Mailing Address 6746 River Terrace D

City State Zip Code
Franklin WI 53132

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 ▼ 237.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-787

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional) ► **39.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Alison F. Watson

Mailing Address 420 Independence Ave SE

City State Zip Code
Washington DC 20003-1046

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 ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-1027

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Alison F. Watson

Mailing Address 420 Independence Ave SE

City State Zip Code
Washington DC 20003-1046

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 ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-1027

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Alison F. Watson

Mailing Address 420 Independence Ave SE

City State Zip Code
Washington DC 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 ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-1023

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

150.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey 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 Corp Risk Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00
Date of Receipt 10 / 15 / 2010
Transaction ID: 2010101319549-562
Amount of Each Receipt this Period 24.00

B. Full Name (Last, First, Middle Initial)
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 Corp Risk Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00
Date of Receipt 10 / 31 / 2010
Transaction ID: 2010102719120-562
Amount of Each Receipt this Period 24.00

C. Full Name (Last, First, Middle Initial)
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 Corp Risk Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00
Date of Receipt 11 / 15 / 2010
Transaction ID: 2010111119151-560
Amount of Each Receipt this Period 24.00

SUBTOTAL of Receipts This Page (optional) ► 72.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Brian D. Wilson
 Mailing Address 11128 N Whilton Rd
 City State Zip Code
 Mequon WI 53097-3439
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 1 0
Transaction ID: 2010101319549-1071
 Amount of Each Receipt this Period
 19.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Ips Mkt & Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

B. Full Name (Last, First, Middle Initial)
Brian D. Wilson
 Mailing Address 11128 N Whilton Rd
 City State Zip Code
 Mequon WI 53097-3439
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 1 0
Transaction ID: 2010102719120-1071
 Amount of Each Receipt this Period
 19.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Ips Mkt & Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

C. Full Name (Last, First, Middle Initial)
Brian D. Wilson
 Mailing Address 11128 N Whilton Rd
 City State Zip Code
 Mequon WI 53097-3439
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 1 0
Transaction ID: 201011119151-1067
 Amount of Each Receipt this Period
 19.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Ips Mkt & Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

SUBTOTAL of Receipts This Page (optional) ► 57.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
James R. Worrell

Mailing Address 2218 Hopedale Ave

City State Zip Code
Charlotte NC 28207-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4368.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-3

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
James R. Worrell

Mailing Address 2218 Hopedale Ave

City State Zip Code
Charlotte NC 28207-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4368.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-3

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
James R. Worrell

Mailing Address 2218 Hopedale Ave

City State Zip Code
Charlotte NC 28207-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4368.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-3

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 217 / 231

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
John William Wright, II

Mailing Address 4463 Jett Rd NW

City Atlanta State GA Zip Code 30327-3563

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-47

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
John William Wright, II

Mailing Address 4463 Jett Rd NW

City Atlanta State GA Zip Code 30327-3563

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-47

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
John William Wright, II

Mailing Address 4463 Jett Rd NW

City Atlanta State GA Zip Code 30327-3563

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-46

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Conrad C. York</p> <p>Mailing Address 1313 N Franklin PI</p> <p>City State Zip Code Milwaukee WI 53202-2980</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1182.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 15 / 2010</p> <p>Transaction ID: 2010101319549-758</p> <p>Amount of Each Receipt this Period 58.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Conrad C. York</p> <p>Mailing Address 1313 N Franklin PI</p> <p>City State Zip Code Milwaukee WI 53202-2980</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1182.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 31 / 2010</p> <p>Transaction ID: 2010102719120-758</p> <p>Amount of Each Receipt this Period 58.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Conrad C. York</p> <p>Mailing Address 1313 N Franklin PI</p> <p>City State Zip Code Milwaukee WI 53202-2980</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NML Occupation VP Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1182.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 15 / 2010</p> <p>Transaction ID: 201011119151-755</p> <p>Amount of Each Receipt this Period 58.00</p>
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SUBTOTAL of Receipts This Page (optional)	174.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Catherine M. Young

Mailing Address 929 N Astor St

City State Zip Code
Milwaukee WI 53202-7000

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2010101319549-1084

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Catherine M. Young

Mailing Address 929 N Astor St

City State Zip Code
Milwaukee WI 53202-7000

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2010102719120-1084

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Catherine M. Young

Mailing Address 929 N Astor St

City State Zip Code
Milwaukee WI 53202-7000

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Ast Gn Cnl/Re

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: 2010111119151-1080

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
John E. Young

Mailing Address 6728 Maple Ter

City State Zip Code
Wauwatosa WI 53213-3259

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir IS Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-882

Amount of Each Receipt this Period
11.00

B.

Full Name (Last, First, Middle Initial)
John E. Young

Mailing Address 6728 Maple Ter

City State Zip Code
Wauwatosa WI 53213-3259

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir IS Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-882

Amount of Each Receipt this Period
11.00

C.

Full Name (Last, First, Middle Initial)
John E. Young

Mailing Address 6728 Maple Ter

City State Zip Code
Wauwatosa WI 53213-3259

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir IS Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-879

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► 33.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
T. Scott Zach

Mailing Address 6630 Country Creek Ln

City State Zip Code
Cedar Rapids IA 52403-7023

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 201010151914-62

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
T. Scott Zach

Mailing Address 6630 Country Creek Ln

City State Zip Code
Cedar Rapids IA 52403-7023

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 201010291915-62

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
T. Scott Zach

Mailing Address 6630 Country Creek Ln

City State Zip Code
Cedar Rapids IA 52403-7023

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Self-Employed General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-61

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **126.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 231
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial) Thomas D. Zale		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 2818 E Menlo Blvd		Transaction ID: 2010101319549-786
City Shorewood	State WI	Zip Code 53211-2652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

B.

Full Name (Last, First, Middle Initial) Thomas D. Zale		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 2818 E Menlo Blvd		Transaction ID: 2010102719120-786
City Shorewood	State WI	Zip Code 53211-2652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

C.

Full Name (Last, First, Middle Initial) Thomas D. Zale		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2818 E Menlo Blvd		Transaction ID: 2010111119151-783
City Shorewood	State WI	Zip Code 53211-2652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NML	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 231
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City State Zip Code
Delafield WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt M M / D D / Y Y Y Y Y
10 / 15 / 2010

Transaction ID: 2010101319549-760

Amount of Each Receipt this Period 17.00

B. Full Name (Last, First, Middle Initial)
Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City State Zip Code
Delafield WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt M M / D D / Y Y Y Y Y
10 / 31 / 2010

Transaction ID: 2010102719120-760

Amount of Each Receipt this Period 17.00

C. Full Name (Last, First, Middle Initial)
Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City State Zip Code
Delafield WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Dir-Enterprise Vendor Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt M M / D D / Y Y Y Y Y
11 / 15 / 2010

Transaction ID: 201011119151-757

Amount of Each Receipt this Period 17.00

SUBTOTAL of Receipts This Page (optional) ► 51.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye Rd

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 633.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 2010101319549-961

Amount of Each Receipt this Period
29.00

B.

Full Name (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye Rd

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 633.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: 2010102719120-961

Amount of Each Receipt this Period
29.00

C.

Full Name (Last, First, Middle Initial)
Rick T. Zehner

Mailing Address 203 W Ravine Baye Rd

City State Zip Code
Bayside WI 53217-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 633.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111119151-957

Amount of Each Receipt this Period
29.00

SUBTOTAL of Receipts This Page (optional) ► **87.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 231
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)
Todd O. Zinkgraf

Mailing Address 118 Ferris Dr

City North Prairie State WI Zip Code 53153-9455

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Ent Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2010

Transaction ID: 201011119151-982

Amount of Each Receipt this Period 10.00

B.

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 ▼ 4368.00

Date of Receipt 10 / 15 / 2010

Transaction ID: 201010151914-23

Amount of Each Receipt this Period 208.00

C.

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 ▼ 4368.00

Date of Receipt 10 / 31 / 2010

Transaction ID: 201010291915-23

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ▶ **426.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 231
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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 ▼ 4368.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 1 0

Transaction ID: 2010111519234-22

Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)	▶	208.00
TOTAL This Period (last page this line number only)	▶	40360.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 231
(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)
Castle Campaign Fund

Mailing Address PO Box 133

City State Zip Code
Wilmington DE 19899

FEC ID number of contributing federal political committee. **C** S0DE00068

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: D691E5A290440D56EF1

Amount of Each Receipt this Period
3500.00

Refund

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	3500.00

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) US Bank <hr/> Mailing Address 777 E. Wisconsin Ave. <hr/> City Milwaukee State WI Zip Code 53202 <hr/> Purpose of Disbursement Service Charge Candidate Name	Transaction ID: E857C9C0AA5E6D733F2 Date of Disbursement 10 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 220.29
B. Full Name (Last, First, Middle Initial) US Bank <hr/> Mailing Address 777 E. Wisconsin Ave. <hr/> City Milwaukee State WI Zip Code 53202 <hr/> Purpose of Disbursement Service Charge Candidate Name	Transaction ID: 41402F363568508DE28 Date of Disbursement 11 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 172.33

SUBTOTAL of Disbursements This Page (optional) ▶

392.62

TOTAL This Period (last page this line number only) ▶

392.62

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 229 / 231

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Austin Scott for Congress Inc <hr/> Mailing Address PO Box 27750 <hr/> City Macon State GA Zip Code 31221 <hr/> Purpose of Disbursement 2010 General Candidate Name James Austin Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AEA26BAFD7DF5718BB5 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement 2010 General Candidate Name Barney Frank <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9B9920F1CEC3935ADB5 Date of Disbursement 10 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement 2010 General Candidate Name Dave Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 698E80A696BB0B8799A Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Dold for Congress <hr/> Mailing Address PO Box 8145 <hr/> City Northfield State IL Zip Code 60093 <hr/> Purpose of Disbursement 2010 General Candidate Name Robert James Dold, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 10	Transaction ID: D2F36319D42B722DEA1 Date of Disbursement 10 / 14 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Julie Lassa for Congress <hr/> Mailing Address PO Box 112 <hr/> City Stevens Point State WI Zip Code 54481 <hr/> Purpose of Disbursement 2010 General Candidate Name Julie M. Lassa <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 07	Transaction ID: F8019FA2129520550FE Date of Disbursement 10 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pompeo for Congress Inc <hr/> Mailing Address PO Box 780146 <hr/> City Wichita State KS Zip Code 67212 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael Richard Pompeo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 04	Transaction ID: 4A2CCA2197389E1AE99 Date of Disbursement 10 / 14 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Ron Johnson for Senate Inc <hr/> Mailing Address 601 Oregon Street Suite A <hr/> City Oshkosh State WI Zip Code 54902 <hr/> Purpose of Disbursement 2010 General Candidate Name Ronald H. Johnson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEB91E941E9E66A096E Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Yoder for Congress <hr/> Mailing Address PO Box 26742 <hr/> City Overland Park State KS Zip Code 66225 <hr/> Purpose of Disbursement 2010 General Candidate Name Kevin W. Yoder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AEC2834F546AD4D32B5 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

TOTAL This Period (last page this line number only) ►

13000.00