

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		196955.78
(b) Cash on Hand at Beginning of Reporting Period.....	229543.13	
(c) Total Receipts (from Line 19)	37125.28	320933.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	266668.41	517889.34
7. Total Disbursements (from Line 31).....	33234.03	284454.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	233434.38	233434.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33282.66	256113.56
(ii) Unitemized	3842.62	64820.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	37125.28	320933.56
(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)	37125.28	320933.56
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	37125.28	320933.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37125.28	320933.56

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	234.03	2204.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	234.03	2204.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	268250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	14000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33234.03	284454.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33234.03	284454.96

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37125.28	320933.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37125.28	320933.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	234.03	2204.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	234.03	2204.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 148
	<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. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Woodhull Ct
 City Northport State NY Zip Code 11768-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 201609152163-71
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Woodhull Ct
 City Northport State NY Zip Code 11768-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 20161003113219-71
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6025 Princeton Reach Way
 City Granite Bay State CA Zip Code 95746-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 201609152163-55
 Amount of Each Receipt this Period
 125.00
 Memo Item

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 7 OF 148
	<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. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6025 Princeton Reach Way
 City Granite Bay State CA Zip Code 95746-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-55
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Aslakson, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15323 SE 82nd St
 City Newcastle State WA Zip Code 98059-9223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1125.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-63
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Aslakson, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15323 SE 82nd St
 City Newcastle State WA Zip Code 98059-9223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1125.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-63
 Amount of Each Receipt this Period 62.50
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Backe, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Ins & Ops Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-626
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Backe, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Ins & Ops Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-626
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Barbi, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6620 N Lake Dr
 City Fox Point State WI Zip Code 53217-4245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp - Public Investments
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-508
 Amount of Each Receipt this Period 208.00
 Memo Item

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 9 OF 148
	<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. Barbi, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6620 N Lake Dr
 City Fox Point State WI Zip Code 53217-4245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp - Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-508
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Barras, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8700 W Bennington Ct
 City Mequon State WI Zip Code 53097-3440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-642
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Barras, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8700 W Bennington Ct
 City Mequon State WI Zip Code 53097-3440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-642
 Amount of Each Receipt this Period 21.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 148
	<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. Barsch, Rebekah, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Planning & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1386.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-766
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Barsch, Rebekah, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Planning & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1386.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-766
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Beaulier, Blaise, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Ent Proj & Supp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1572.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-905
 Amount of Each Receipt this Period 96.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Beaulier, Blaise, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Ent Proj & Supp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1572.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-905
 Amount of Each Receipt this Period 96.00
 Memo Item

B. Beer, Mitchell, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-29
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Beer, Mitchell, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3387 Hampton Ct
 City Thousand Oaks State CA Zip Code 91362-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-29
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	346.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Behring, Jeffrey, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Red Barn Ln
 City Elm Grove State WI Zip Code 53122-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1023
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Behring, Jeffrey, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Red Barn Ln
 City Elm Grove State WI Zip Code 53122-1958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1023
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Bender, J, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Forest St Apt 18D
 City Stamford State CT Zip Code 06901-1881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Bender, J, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Forest St
 Apt 18D
 City Stamford State CT Zip Code 06901-1881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Black, Dwaan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3520 Dumbarton Rd NW
 City Atlanta State GA Zip Code 30327-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-24
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Black, Dwaan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3520 Dumbarton Rd NW
 City Atlanta State GA Zip Code 30327-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-24
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 14 OF 148
	<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. Bleakley, Garrett, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-6
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Bleakley, Garrett, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-6
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Blevons, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Pine Ct
 City Appleton State WI Zip Code 54914-8222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-70
 Amount of Each Receipt this Period
 125.00
 Memo Item

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 15 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Blevons, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Pine Ct
 City Appleton State WI Zip Code 54914-8222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : 20161003113219-70
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Bohannon, Timothy, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : 201609152163-7
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Bohannon, Timothy, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : 20161003113219-7
 Amount of Each Receipt this Period 208.00
 Memo Item

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: (check only one)	PAGE 16 OF 148
	<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. Botcher, Sandra, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10260 N Range Line C
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Facility Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1824.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-776
 Amount of Each Receipt this Period
 104.00
 Memo Item

B. Botcher, Sandra, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10260 N Range Line C
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Facility Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1824.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-776
 Amount of Each Receipt this Period
 104.00
 Memo Item

C. Brase, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Div & Inclusion
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-807
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Brase, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Div & Inclusion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-807
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Breitzman, Kristofer, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W290N3649 Tall Tree Ct
 City Pewaukee State WI Zip Code 53072-3152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-890
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Breitzman, Kristofer, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W290N3649 Tall Tree Ct
 City Pewaukee State WI Zip Code 53072-3152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-890
 Amount of Each Receipt this Period 15.00
 Memo Item

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: (check only one)	PAGE 18 OF 148
	<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. Brower, Anne, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 E Edgewood Ave
 City Shorewood State WI Zip Code 53211-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-515
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Brower, Anne, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 E Edgewood Ave
 City Shorewood State WI Zip Code 53211-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 201609298930-515
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Byhardt, Pency, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W148N10042 Windsong Cir E
 City Germantown State WI Zip Code 53022-5274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Life & Annuity Benefits
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-971
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 148
	<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. Byhardt, Pency, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W148N10042 Windsong Cir E
 City Germantown State WI Zip Code 53022-5274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Life & Annuity Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-971
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Byrne, Michael, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 La Casa Via
 City Walnut Creek State CA Zip Code 94598-4842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-22
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Byrne, Michael, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 La Casa Via
 City Walnut Creek State CA Zip Code 94598-4842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-22
 Amount of Each Receipt this Period 208.00
 Memo Item

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: (check only one)	PAGE 20 OF 148
	<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. Callanan, Susan, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2736 N Shepard Ave
 City Milwaukee State WI Zip Code 53211-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director- Mktplc Policy And Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1007
 Amount of Each Receipt this Period 32.00
 Memo Item

B. Callanan, Susan, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2736 N Shepard Ave
 City Milwaukee State WI Zip Code 53211-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director- Mktplc Policy And Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1007
 Amount of Each Receipt this Period 32.00
 Memo Item

C. Carter, Michael, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7322 N Mohawk Rd
 City Fox Point State WI Zip Code 53217-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cfo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-910
 Amount of Each Receipt this Period 208.00
 Memo Item

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: (check only one)	PAGE 21 OF 148
	<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. Carter, Michael, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7322 N Mohawk Rd
 City Fox Point State WI Zip Code 53217-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cfo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-910
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Evening Star Ln
 City Bozeman State MT Zip Code 59715-7738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-39
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Evening Star Ln
 City Bozeman State MT Zip Code 59715-7738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-39
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 High Meadow Ln
 City Amherst State NH Zip Code 03031-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-37
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 High Meadow Ln
 City Amherst State NH Zip Code 03031-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-37
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Christophersen, Eric, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N25W27286 Fairmount Ct
 City Pewaukee State WI Zip Code 53072-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-661
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.00
TOTAL This Period (last page this line 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 23 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Christophersen, Eric, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N25W27286 Fairmount Ct
 City Pewaukee State WI Zip Code 53072-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-661
 Amount of Each Receipt this Period 95.00
 Memo Item

B. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 Williamson Dr 2Nd Floor # 275
 City Raleigh State NC Zip Code 27608-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-3
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 Williamson Dr 2Nd Floor # 275
 City Raleigh State NC Zip Code 27608-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-3
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	511.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Cruse, Tait, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-28
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Cruse, Tait, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-28
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6251 S Billings Way
 City Centennial State CO Zip Code 80111-6009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-20
 Amount of Each Receipt this Period
 125.00
 Memo Item

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: (check only one)	PAGE 25 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6251 S Billings Way
 City Centennial State CO Zip Code 80111-6009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-20
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Dean, Matthew, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5635 N Shore Dr
 City Whitefish Bay State WI Zip Code 53217-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-688
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Dean, Matthew, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5635 N Shore Dr
 City Whitefish Bay State WI Zip Code 53217-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-688
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	149.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 148
	<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. Dern, Chad, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 E Beaumont Ave
 City Whitefish Bay State WI Zip Code 53217-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Brand & Adv Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-736
 Amount of Each Receipt this Period 23.00
 Memo Item

B. Dern, Chad, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 E Beaumont Ave
 City Whitefish Bay State WI Zip Code 53217-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Brand & Adv Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-736
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Dexheimer, Blane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-528
 Amount of Each Receipt this Period 13.00
 Memo Item

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: (check only one)	PAGE 27 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Dexheimer, Blane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-528
 Amount of Each Receipt this Period
 13.00
 Memo Item

B. Dodd, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7078 E Genesee St
 City Fayetteville State NY Zip Code 13066-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-25
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dodd, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7078 E Genesee St
 City Fayetteville State NY Zip Code 13066-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-25
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	429.00
TOTAL This Period (last page this line 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 28 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-26
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-26
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dunn, John, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4656 N Wilshire Rd
 City Whitefish Bay State WI Zip Code 53211-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-596
 Amount of Each Receipt this Period
 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	471.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Dunn, John, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4656 N Wilshire Rd
 City Whitefish Bay State WI Zip Code 53211-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-596
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Eben, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14270 Woodmount Dr
 City Brookfield State WI Zip Code 53005-2389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-935
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Eben, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14270 Woodmount Dr
 City Brookfield State WI Zip Code 53005-2389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-935
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 148
	<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. Ekeroth, Eric, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19672 Stanford Hall Pl
 City Ashburn State VA Zip Code 20147-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-566
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Ekeroth, Eric, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19672 Stanford Hall Pl
 City Ashburn State VA Zip Code 20147-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-566
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Ells, R. David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 W Grace Ave
 City Mequon State WI Zip Code 53092-2760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 486.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-822
 Amount of Each Receipt this Period
 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 148
	<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. ELLS, R. DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 W Grace Ave
 City Mequon State WI Zip Code 53092-2760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 486.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-822
 Amount of Each Receipt this Period 27.00
 Memo Item

B. ERHARD, KEITH, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 Timberwood Ct
 City W Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-14
 Amount of Each Receipt this Period 42.00
 Memo Item

C. ERHARD, KEITH, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 Timberwood Ct
 City W Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-14
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 32 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Ertz, John, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18235 Shaker Blvd

City Shaker Hts	State OH	Zip Code 44120-1754
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2632.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 201609152163-13

Amount of Each Receipt this Period
208.00

Memo Item

B. Ertz, John, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18235 Shaker Blvd

City Shaker Hts	State OH	Zip Code 44120-1754
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2632.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : 20161003113219-13

Amount of Each Receipt this Period
208.00

Memo Item

C. Flesch, Daniel, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NML	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 20160913201230-850

Amount of Each Receipt this Period
10.00

Memo Item

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: (check only one)	PAGE 33 OF 148
	<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. Flesch, Daniel, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-850
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Fortenberry, Lee, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Lake Ridge Dr
 City Madison State MS Zip Code 39110-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-40
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Fortenberry, Lee, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Lake Ridge Dr
 City Madison State MS Zip Code 39110-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-40
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 34 OF 148
	<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. Fradin, Gerald, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Belle Ave
 City Highland Park State IL Zip Code 60035-2504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Wmc Inv Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-563
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Fradin, Gerald, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Belle Ave
 City Highland Park State IL Zip Code 60035-2504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Wmc Inv Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-563
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Franczyk, Lance, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 E 24th St
 City Tulsa State OK Zip Code 74114-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1086.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-42
 Amount of Each Receipt this Period
 42.00
 Memo Item

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: (check only one)	PAGE 35 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 E 24th St
 City Tulsa State OK Zip Code 74114-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1086.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-42
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Frankl, Stephen, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3225 Somers Ln
 City Port Washington State WI Zip Code 53074-9503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Planning & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-998
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Frankl, Stephen, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3225 Somers Ln
 City Port Washington State WI Zip Code 53074-9503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Planning & Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-998
 Amount of Each Receipt this Period 20.00
 Memo Item

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: (check only one)	PAGE 36 OF 148
	<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. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Windy Hill Ln
 City Wayland State MA Zip Code 01778-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-12
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Windy Hill Ln
 City Wayland State MA Zip Code 01778-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-12
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Frigo, Anne, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 557 Westfield Way
 City Pewaukee State WI Zip Code 53072-6592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-603
 Amount of Each Receipt this Period
 14.00
 Memo Item

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: (check only one)	PAGE 37 OF 148
	<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. Frigo, Anne, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 557 Westfield Way
 City Pewaukee State WI Zip Code 53072-6592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-603
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Gavin, Sheila, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5735 N Crestwood Blvd
 City Glendale State WI Zip Code 53209-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-976
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Gavin, Sheila, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5735 N Crestwood Blvd
 City Glendale State WI Zip Code 53209-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-976
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.00
TOTAL This Period (last page this line 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 38 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Gawart, Chris, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Tax Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-605
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Gawart, Chris, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Tax Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-605
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Gerend, Timothy, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5421 N Idlewild Ave
 City Whitefish Bay State WI Zip Code 53217-5331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Distribution Growth & Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2232.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-590
 Amount of Each Receipt this Period 124.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	204.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 148
	<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. Gerend, Timothy, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5421 N Idlewild Ave
 City Whitefish Bay State WI Zip Code 53217-5331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Distribution Growth & Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2232.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-590
 Amount of Each Receipt this Period 124.00
 Memo Item

B. Givler, Walter, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solvency Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-584
 Amount of Each Receipt this Period 44.00
 Memo Item

C. Givler, Walter, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solvency Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-584
 Amount of Each Receipt this Period 44.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 148
	<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. Glover, Mitchell, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Old Darby Trl NE
 City Ada State MI Zip Code 49301-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-11
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Glover, Mitchell, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Old Darby Trl NE
 City Ada State MI Zip Code 49301-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-11
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Gmach, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14315 Radiant Ct
 City Brookfield State WI Zip Code 53005-7073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Vp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-818
 Amount of Each Receipt this Period
 10.00
 Memo Item

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: (check only one)	PAGE 41 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Gmach, Mark, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14315 Radiant Ct

City Brookfield	State WI	Zip Code 53005-7073
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Regional Vp
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : 201609298930-818

Amount of Each Receipt this Period
10.00

Memo Item

B. Goes, Thomas, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1526 Harston Ave

City Orlando	State FL	Zip Code 32814-6700
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 201609152163-64

Amount of Each Receipt this Period
42.00

Memo Item

C. Goes, Thomas, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1526 Harston Ave

City Orlando	State FL	Zip Code 32814-6700
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : 20161003113219-64

Amount of Each Receipt this Period
42.00

Memo Item

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: (check only one)	PAGE 42 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Goode, Kimberley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2485 W Fairy Chasm Rd
 # R
 City River Hills State WI Zip Code 53217-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comm & Corp Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1806.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-540
 Amount of Each Receipt this Period
 115.00
 Memo Item

B. Goode, Kimberley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2485 W Fairy Chasm Rd
 # R
 City River Hills State WI Zip Code 53217-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comm & Corp Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1806.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-540
 Amount of Each Receipt this Period
 115.00
 Memo Item

C. Gores, Patrick, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 28th Ave S
 City Fargo State ND Zip Code 58103-5045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-5
 Amount of Each Receipt this Period
 42.00
 Memo Item

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: (check only one)	PAGE 43 OF 148
	<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. Gores, Patrick, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 28th Ave S
 City Fargo State ND Zip Code 58103-5045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-5
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Goris, Tom, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4735 Wellington Dr
 City Long Grove State IL Zip Code 60047-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-23
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Goris, Tom, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4735 Wellington Dr
 City Long Grove State IL Zip Code 60047-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-23
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gouverneur, Karl, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12895 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Tech Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1028
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Gouverneur, Karl, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12895 N Cobblestone Ct
 City Mequon State WI Zip Code 53097-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Tech Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1028
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3086 E Silver Hawk Dr
 City Holladay State UT Zip Code 84121-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-75
 Amount of Each Receipt this Period 125.00
 Memo Item

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: (check only one)	PAGE 45 OF 148
	<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. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3086 E Silver Hawk Dr
 City Holladay State UT Zip Code 84121-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-75
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Grogan, John, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7860 N Club Cir
 City Fox Point State WI Zip Code 53217-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Ins & Invest Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-954
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Grogan, John, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7860 N Club Cir
 City Fox Point State WI Zip Code 53217-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Ins & Invest Prod
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-954
 Amount of Each Receipt this Period
 208.00
 Memo Item

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: (check only one)	PAGE 46 OF 148
	<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. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 Savonne Ct
 City Chesterfield State MO Zip Code 63005-4977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-43
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 Savonne Ct
 City Chesterfield State MO Zip Code 63005-4977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-43
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Guay, Thomas, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W73N377 Mulberry Ave
 City Cedarburg State WI Zip Code 53012-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1476.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-610
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	334.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 148
	<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. Guay, Thomas, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W73N377 Mulberry Ave
 City Cedarburg State WI Zip Code 53012-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1476.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-610
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Guinan, Stephen, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-36
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Guinan, Stephen, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-36
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	168.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 148
	<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. Gurin, Oleg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11765 N Silver Ave
 City Mequon State WI Zip Code 53097-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Quant Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-717
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Gurin, Oleg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11765 N Silver Ave
 City Mequon State WI Zip Code 53097-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Quant Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-717
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Hamm, David, Y., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1105 Belmont Dr
 City Waukesha State WI Zip Code 53186-6726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Itoi (Sys Admin)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-764
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line 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 49 OF 148
	<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. Hamm, David, Y., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1105 Belmont Dr
 City Waukesha State WI Zip Code 53186-6726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Itoi (Sys Admin)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-764
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Handal, Jason, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 W White Oak Way
 City Mequon State WI Zip Code 53092-6248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-691
 Amount of Each Receipt this Period 12.50
 Memo Item

C. Handal, Jason, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 W White Oak Way
 City Mequon State WI Zip Code 53092-6248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Vp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-691
 Amount of Each Receipt this Period 12.50
 Memo Item

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: (check only one)	PAGE 50 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Hanson, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N38W23333 Broken Hill Cir S
 City Pewaukee State WI Zip Code 53072-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 486.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-987
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Hanson, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N38W23333 Broken Hill Cir S
 City Pewaukee State WI Zip Code 53072-2764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 486.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 201609298930-987
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Hanson, Paul, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Moser St
 City Moscow State ID Zip Code 83843-9264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 20161003113219-38
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 51 OF 148
	<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. Hanus, Kevin, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18775 Brookfield Lake Dr
 City Brookfield State WI Zip Code 53045-6170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Restaurant Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-611
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Hanus, Kevin, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18775 Brookfield Lake Dr
 City Brookfield State WI Zip Code 53045-6170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Restaurant Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-611
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Hauschild, Laura, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14611 50th Rd
 City Sturtevant State WI Zip Code 53177-1038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Adv Prac, Grps & Team
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-708
 Amount of Each Receipt this Period 24.00
 Memo Item

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: (check only one)	PAGE 52 OF 148
	<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. Hauschild, Laura, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14611 50th Rd
 City Sturtevant State WI Zip Code 53177-1038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Adv Prac, Grps & Team
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 408.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-708
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Heidenreich, MD, Wayne, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4753 N Larkin St
 City Whitefish Bay State WI Zip Code 53211-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Dir
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 366.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-955
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Heidenreich, MD, Wayne, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4753 N Larkin St
 City Whitefish Bay State WI Zip Code 53211-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Dir
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 366.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-955
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 W Walling Dr
 City Creve Coeur State MO Zip Code 63141-7371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.62

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-54
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 W Walling Dr
 City Creve Coeur State MO Zip Code 63141-7371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.62

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-54
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-35
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	458.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 148
	<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. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3315 Graham Hill Rd
 City Orono State MN Zip Code 55356-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : 20161003113219-35
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Hewitt, Gary, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Treas & Inv Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1698.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : 20160913201230-840
 Amount of Each Receipt this Period 95.00
 Memo Item

C. Hewitt, Gary, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Treas & Inv Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1698.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : 201609298930-840
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	398.00
TOTAL This Period (last page this line number 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 OF 148
(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. Hick, Laila, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10315 W Sunset Ave
 City Wauwatosa State WI Zip Code 53222-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Growth Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-949
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Hick, Laila, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10315 W Sunset Ave
 City Wauwatosa State WI Zip Code 53222-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Growth Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-949
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Holleran, Matthew, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Ketch Rd
 City Morristown State NJ Zip Code 07960-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 452.50

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-505
 Amount of Each Receipt this Period 58.00
 Memo Item

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: (check only one)	PAGE 56 OF 148
	<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. Holleran, Matthew, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Ketch Rd
 City Morristown State NJ Zip Code 07960-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 452.50

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-505
 Amount of Each Receipt this Period 58.00
 Memo Item

B. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11390 N Creekside Ct
 City Mequon State WI Zip Code 53092-4377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-46
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11390 N Creekside Ct
 City Mequon State WI Zip Code 53092-4377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-46
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	474.00
TOTAL This Period (last page this line 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 57 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-17
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-17
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Jahnke, Nicholas, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23702 Champe Ford Rd
 City Middleburg State VA Zip Code 20117-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-872
 Amount of Each Receipt this Period
 36.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 148
	<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. Jahnke, Nicholas, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23702 Champe Ford Rd
 City Middleburg State VA Zip Code 20117-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-872
 Amount of Each Receipt this Period
 36.00
 Memo Item

B. Jansky, Meg, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 N Wildwood Ave
 City Whitefish Bay State WI Zip Code 53211-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 792.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-900
 Amount of Each Receipt this Period
 44.00
 Memo Item

C. Jansky, Meg, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 N Wildwood Ave
 City Whitefish Bay State WI Zip Code 53211-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Integration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 792.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-900
 Amount of Each Receipt this Period
 44.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	124.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 148
	<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. Jessup, Mark, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 Chickadee Ln
 City Grafton State WI Zip Code 53024-9593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) App Dev Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-616
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Joelson, Ronald, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-498
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Joelson, Ronald, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-498
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	415.00
TOTAL This Period (last page this line 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 60 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Johnson, Marie, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18220 San Lucas Ct
 City Brookfield State WI Zip Code 53045-3870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) App Dev Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-762
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Johnson, Marie, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18220 San Lucas Ct
 City Brookfield State WI Zip Code 53045-3870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) App Dev Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-762
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Jones, Todd, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W252N4956 Aberdeen Dr
 City Pewaukee State WI Zip Code 53072-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President-Cntrl
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1722.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-749
 Amount of Each Receipt this Period 99.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	129.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Jones, Todd, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W252N4956 Aberdeen Dr
 City Pewaukee State WI Zip Code 53072-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President-Cntrl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1722.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-749
 Amount of Each Receipt this Period 99.00
 Memo Item

B. Kelley, Shawn, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7812 Remington Rd
 City Montgomery State OH Zip Code 45242-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-60
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Kelley, Shawn, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7812 Remington Rd
 City Montgomery State OH Zip Code 45242-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-60
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	349.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7495 Bridlespur Ln
 City Delaware State OH Zip Code 43015-8613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-56
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7495 Bridlespur Ln
 City Delaware State OH Zip Code 43015-8613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-56
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kendler, Martha, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 Village Green Ct # C
 City Elm Grove State WI Zip Code 53122-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Business Mkt Div
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-509
 Amount of Each Receipt this Period 14.00
 Memo Item

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: (check only one)	PAGE 63 OF 148
	<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. Kendler, Martha, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 Village Green Ct
 # C
 City Elm Grove State WI Zip Code 53122-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Business Mkt Div
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-509
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11696 Approach Blvd
 City Fishers State IN Zip Code 46037-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-68
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11696 Approach Blvd
 City Fishers State IN Zip Code 46037-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-68
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	430.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 148
	<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. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4645 Swilcan Bridge Ln S
 City Jacksonville State FL Zip Code 32224-5621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-9
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4645 Swilcan Bridge Ln S
 City Jacksonville State FL Zip Code 32224-5621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-9
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Koenig, Sarah L., N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W150N10997 Dogwood Ct
 City Germantown State WI Zip Code 53022-4287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Field Growth & Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-591
 Amount of Each Receipt this Period
 14.00
 Memo Item

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: (check only one)	PAGE 65 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Koenig, Sarah L., N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W150N10997 Dogwood Ct
 City Germantown State WI Zip Code 53022-4287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Field Growth & Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-591
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. Konopa, Kevin, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2331 N 90th St
 City Wauwatosa State WI Zip Code 53226-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Field Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-922
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Konopa, Kevin, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2331 N 90th St
 City Wauwatosa State WI Zip Code 53226-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Field Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-922
 Amount of Each Receipt this Period
 15.00
 Memo Item

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: (check only one)	PAGE 66 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Kosnick, Steven, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5799 Windsona Cir
 City Fitchburg State WI Zip Code 53711-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-4
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Kosnick, Steven, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5799 Windsona Cir
 City Fitchburg State WI Zip Code 53711-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-4
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kracht, Carol, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3357 N Lake Dr
 City Milwaukee State WI Zip Code 53211-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 792.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-911
 Amount of Each Receipt this Period 44.00
 Memo Item

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: (check only one)	PAGE 67 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Kracht, Carol, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3357 N Lake Dr
 City Milwaukee State WI Zip Code 53211-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 792.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-911
 Amount of Each Receipt this Period 44.00
 Memo Item

B. Kramer, Ryan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 S Euclid Ave
 City Elmhurst State IL Zip Code 60126-4337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-62
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kramer, Ryan, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 S Euclid Ave
 City Elmhurst State IL Zip Code 60126-4337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-62
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 68 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Larson, Donald, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Freedom Ct
 City Gurnee State IL Zip Code 60031-4493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Itoi (Comp Ops)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-576
 Amount of Each Receipt this Period 17.00
 Memo Item

B. Larson, Donald, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Freedom Ct
 City Gurnee State IL Zip Code 60031-4493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Itoi (Comp Ops)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-576
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Laszewski, Todd, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 N 90th St
 City Wauwatosa State WI Zip Code 53226-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Ltc Prod Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-830
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 148
	<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. Laszewski, Todd, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 N 90th St
 City Wauwatosa State WI Zip Code 53226-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Ltc Prod Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-830
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 Vanderbilt Beach Rd Unit 108-349
 City Naples State FL Zip Code 34109-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.62

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-49
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 Vanderbilt Beach Rd Unit 108-349
 City Naples State FL Zip Code 34109-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.62

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-49
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 271.00
TOTAL This Period (last page this line number 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 OF 148
(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. Lentini, Elizabeth, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5525 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1017
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Lentini, Elizabeth, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5525 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1017
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Lowrey, Robert, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 W Goldthread Cir
 City Sioux Falls State SD Zip Code 57108-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-8
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 71 OF 148
	<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. Lowrey, Robert, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 W Goldthread Cir
 City Sioux Falls State SD Zip Code 57108-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-8
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Luckow, Erika, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N102W14232 Gatewood Pl
 City Germantown State WI Zip Code 53022-5320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-653
 Amount of Each Receipt this Period
 14.00
 Memo Item

C. Luckow, Erika, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N102W14232 Gatewood Pl
 City Germantown State WI Zip Code 53022-5320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Strategic Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-653
 Amount of Each Receipt this Period
 14.00
 Memo Item

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: (check only one)	PAGE 72 OF 148
	<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. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2359 N Wahl Ave
 City Milwaukee State WI Zip Code 53211-4513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-67
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2359 N Wahl Ave
 City Milwaukee State WI Zip Code 53211-4513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-67
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Lueken, Jeffrey, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3024.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-838
 Amount of Each Receipt this Period 168.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 148
	<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. Lueken, Jeffrey, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3024.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-838
 Amount of Each Receipt this Period 168.00
 Memo Item

B. Lyons, Stephanie, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-690
 Amount of Each Receipt this Period 52.00
 Memo Item

C. Lyons, Stephanie, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-690
 Amount of Each Receipt this Period 52.00
 Memo Item

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: (check only one)	PAGE 74 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13764 Knaus Rd
 City Lake Oswego State OR Zip Code 97034-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-59
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13764 Knaus Rd
 City Lake Oswego State OR Zip Code 97034-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-59
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Manista, Raymond, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 N Crossway Rd
 City Fox Point State WI Zip Code 53217-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Gen Cnsl & Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-536
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Manista, Raymond, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 N Crossway Rd
 City Fox Point State WI Zip Code 53217-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Gen Cnsl & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-536
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Mannebach, Steven, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Colorado St # 260
 City Austin State TX Zip Code 78701-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1516.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-643
 Amount of Each Receipt this Period 103.00
 Memo Item

C. Mannebach, Steven, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Colorado St # 260
 City Austin State TX Zip Code 78701-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1516.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-643
 Amount of Each Receipt this Period 103.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	414.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 148
	<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. Marks, Jeffrey, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8232 S Country Club Cir
 City Franklin State WI Zip Code 53132-8532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Reqts & Multi- Life
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-557
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Marks, Jeffrey, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8232 S Country Club Cir
 City Franklin State WI Zip Code 53132-8532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Reqts & Multi- Life
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-557
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Mc Avoy, David, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) R Aaron Miller Agy LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-2
 Amount of Each Receipt this Period 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 148
	<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. Mc Avoy, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) R Aaron Miller Agy LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-2
 Amount of Each Receipt this Period 208.00
 Memo Item

B. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-65
 Amount of Each Receipt this Period 42.00
 Memo Item

C. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1402 Wyndemere Point Dr
 City Champaign State IL Zip Code 61822-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-65
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. McLennon, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2571 N 86th St
 City Wauwatosa State WI Zip Code 53226-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-570
 Amount of Each Receipt this Period 39.00
 Memo Item

B. McLennon, Mark, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2571 N 86th St
 City Wauwatosa State WI Zip Code 53226-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-570
 Amount of Each Receipt this Period 39.00
 Memo Item

c. McQuade, Corey, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 S Berkley Ave
 City Elmhurst State IL Zip Code 60126-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.28

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-69
 Amount of Each Receipt this Period 104.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	182.16
TOTAL This Period (last page this line 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 79 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 S Berkley Ave
 City Elmhurst State IL Zip Code 60126-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.28

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-69
 Amount of Each Receipt this Period 104.16
 Memo Item

B. Meehan, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-539
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Meehan, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-539
 Amount of Each Receipt this Period 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.16
TOTAL This Period (last page this line 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 80 OF 148
	<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. Meeks, Jim, Edwards, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 Cloister Green Ln
 City Memphis State TN Zip Code 38120-2357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-16
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Meeks, Jim, Edwards, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 Cloister Green Ln
 City Memphis State TN Zip Code 38120-2357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-16
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Mees, Jr., Arthur, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Regional Vp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1012
 Amount of Each Receipt this Period 36.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 148
	<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. Mees, Jr., Arthur, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Regional Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1012
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Miller, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11315 E Winchcomb Dr
 City Scottsdale State AZ Zip Code 85255-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-53
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Miller, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11315 E Winchcomb Dr
 City Scottsdale State AZ Zip Code 85255-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-53
 Amount of Each Receipt this Period 125.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Miller, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N33W29207 Millridge Rd
 City Pewaukee State WI Zip Code 53072-3264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-709
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Miller, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N33W29207 Millridge Rd
 City Pewaukee State WI Zip Code 53072-3264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-709
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Schenley Rd
 City Pittsburgh State PA Zip Code 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-34
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.00
TOTAL This Period (last page this line 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 83 OF 148
	<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. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Schenley Rd
 City Pittsburgh State PA Zip Code 15217-1171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-34
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 E Carlisle Ave
 City Whitefish Bay State WI Zip Code 53217-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Pres & Ceo Wealth Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-593
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 E Carlisle Ave
 City Whitefish Bay State WI Zip Code 53217-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Pres & Ceo Wealth Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-593
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	318.00
TOTAL This Period (last page this line 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 84 OF 148
	<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. Mlekoday, Loretta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7621 N Van Dyke Rd
 City Fox Point State WI Zip Code 53217-3253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) App Dev Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-996
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. Mlekoday, Loretta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7621 N Van Dyke Rd
 City Fox Point State WI Zip Code 53217-3253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) App Dev Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-996
 Amount of Each Receipt this Period
 14.00
 Memo Item

C. Molloy, Karen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-821
 Amount of Each Receipt this Period
 36.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 148
	<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. Molloy, Karen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-821
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address S85W19858 Greenhaven Ct
 City Muskego State WI Zip Code 53150-8146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Fld Distribution Policies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-903
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address S85W19858 Greenhaven Ct
 City Muskego State WI Zip Code 53150-8146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Fld Distribution Policies
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-903
 Amount of Each Receipt this Period 12.00
 Memo Item

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: (check only one)	PAGE 86 OF 148
	<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. Morris, Scott, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4406 N Madero Drive

City Mequon	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 20160913201230-990

Amount of Each Receipt this Period
15.00

Memo Item

B. Morris, Scott, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4406 N Madero Drive

City Mequon	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : 201609298930-990

Amount of Each Receipt this Period
15.00

Memo Item

C. Moser, Martin, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 378 Juniper Ct

City Grafton	State WI	Zip Code 53024-2270
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 20160913201230-568

Amount of Each Receipt this Period
19.00

Memo Item

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: (check only one)	PAGE 87 OF 148
	<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. Moser, Martin, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 378 Juniper Ct
 City Grafton State WI Zip Code 53024-2270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 201609298930-568
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Lexington Way
 City Trabuco Cyn State CA Zip Code 92679-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1220.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 201609152163-74
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Lexington Way
 City Trabuco Cyn State CA Zip Code 92679-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1220.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 20161003113219-74
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Murphy, Timothy, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W73N360 Greystone Dr
 City Cedarburg State WI Zip Code 53012-2280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Plan & Sales Supt Ast Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-682
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. Nelson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Regional Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-806
 Amount of Each Receipt this Period
 13.00
 Memo Item

C. Nelson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Regional Vp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-806
 Amount of Each Receipt this Period
 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 148
	<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. Newman, Jeremy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Dir Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 606.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1019
 Amount of Each Receipt this Period 37.00
 Memo Item

B. Newman, Jeremy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Dir Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 606.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1019
 Amount of Each Receipt this Period 37.00
 Memo Item

C. Noll, Sherry, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8329 Gittings Rd
 City Mount Pleasant State WI Zip Code 53406-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Risk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-896
 Amount of Each Receipt this Period 13.00
 Memo Item

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 90 OF 148
	<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. Noll, Sherry, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8329 Gittings Rd
 City Mount Pleasant State WI Zip Code 53406-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-896
 Amount of Each Receipt this Period 13.00
 Memo Item

B. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 W Woodmere Rd
 City Tampa State FL Zip Code 33609-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2914.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-73
 Amount of Each Receipt this Period 208.00
 Memo Item

C. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 W Woodmere Rd
 City Tampa State FL Zip Code 33609-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2914.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-73
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	429.00
TOTAL This Period (last page this line 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 91 OF 148
	<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. O Meara, Mary Joy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-695
 Amount of Each Receipt this Period 18.00
 Memo Item

B. O Meara, Mary Joy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 201609298930-695
 Amount of Each Receipt this Period 18.00
 Memo Item

c. Oberland, Gregory, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4514 N Lake Dr
 City Whitefish Bay State WI Zip Code 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-559
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Oberland, Gregory, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4514 N Lake Dr
 City Whitefish Bay State WI Zip Code 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-559
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Olp, Kevin, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13140 W North Ln
 City New Berlin State WI Zip Code 53151-9007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Creat Svcs Sol & Co Init
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-637
 Amount of Each Receipt this Period 16.00
 Memo Item

C. Olp, Kevin, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13140 W North Ln
 City New Berlin State WI Zip Code 53151-9007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Creat Svcs Sol & Co Init
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-637
 Amount of Each Receipt this Period 16.00
 Memo Item

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: (check only one)	PAGE 93 OF 148
	<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. Petrand, Brian, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9533 Marbella Dr
 City Fort Worth State TX Zip Code 76126-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-21
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Petrand, Brian, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9533 Marbella Dr
 City Fort Worth State TX Zip Code 76126-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-21
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Pickering, William, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1823 N 81st St
 City Wauwatosa State WI Zip Code 53213-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-962
 Amount of Each Receipt this Period 15.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 148
	<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. Pickering, William, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1823 N 81st St
 City Wauwatosa State WI Zip Code 53213-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-962
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Pierz, Michele, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9719 N Lamplighter Ln
 City Mequon State WI Zip Code 53092-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Field Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-510
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Pierz, Michele, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9719 N Lamplighter Ln
 City Mequon State WI Zip Code 53092-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Field Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-510
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 148
	<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. Plocher, Matthew, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4324 Chevy Chase Dr
 City La Canada State CA Zip Code 91011-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2914.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-45
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Plocher, Matthew, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4324 Chevy Chase Dr
 City La Canada State CA Zip Code 91011-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2914.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-45
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Porter, Rebecca, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Stratford Dr
 City Greendale State WI Zip Code 53129-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Corp Plng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 534.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-526
 Amount of Each Receipt this Period
 59.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 148
	<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. Porter, Rebecca, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Stratford Dr
 City Greendale State WI Zip Code 53129-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Corp Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 534.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-526
 Amount of Each Receipt this Period
 59.00
 Memo Item

B. Pritzl, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 572 Cottonwood Ln
 City Grafton State WI Zip Code 53024-9591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managing Director Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 558.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-897
 Amount of Each Receipt this Period
 31.00
 Memo Item

C. Pritzl, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 572 Cottonwood Ln
 City Grafton State WI Zip Code 53024-9591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managing Director Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 558.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-897
 Amount of Each Receipt this Period
 31.00
 Memo Item

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 97 OF 148
	<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. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1019 Stonewall Dr
 City Nashville State TN Zip Code 37220-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-47
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1019 Stonewall Dr
 City Nashville State TN Zip Code 37220-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-47
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Rabenn, Thomas, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-956
 Amount of Each Receipt this Period
 12.00
 Memo Item

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: (check only one)	PAGE 98 OF 148
	<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. Rabenn, Thomas, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-956
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Radke, Steven, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W Ravine Ct
 City Thiensville State WI Zip Code 53092-5861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 954.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-763
 Amount of Each Receipt this Period 53.00
 Memo Item

C. Radke, Steven, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W Ravine Ct
 City Thiensville State WI Zip Code 53092-5861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 954.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-763
 Amount of Each Receipt this Period 53.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	118.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 148
	<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. Ralph, Randal, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9945 N Valley Hill Dr
 City Mequon State WI Zip Code 53092-5350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-982
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Ralph, Randal, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9945 N Valley Hill Dr
 City Mequon State WI Zip Code 53092-5350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 201609298930-982
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Reeter, Jeff, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Williamsburg Ln
 City Houston State TX Zip Code 77024-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2290.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 201609152163-61
 Amount of Each Receipt this Period 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► 158.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 148
	<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. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Williamsburg Ln
 City Houston State TX Zip Code 77024-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2290.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-61
 Amount of Each Receipt this Period 130.00
 Memo Item

B. Remstad, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1980.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-700
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Remstad, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1980.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-700
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	370.00
TOTAL This Period (last page this line 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 101 OF 148
	<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. Ren, Zhibin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16540 Brehon Ln
 City Brookfield State WI Zip Code 53005-2747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-787
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Ren, Zhibin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16540 Brehon Ln
 City Brookfield State WI Zip Code 53005-2747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 201609298930-787
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2038 Rosemont Pl
 City Vestavia State AL Zip Code 35243-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 201609152163-50
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 148
	<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. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2038 Rosemont Pl
 City Vestavia State AL Zip Code 35243-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : 20161003113219-50
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Richardson, Peter, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Green Tree Rd
 City Fox Point State WI Zip Code 53217-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 15 / 2016**
Transaction ID : 20160913201230-490
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Richardson, Peter, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Green Tree Rd
 City Fox Point State WI Zip Code 53217-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : 201609298930-490
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	248.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 148
	<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. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 Oakwood Rd
 City Huntington State WV Zip Code 25701-4148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-76
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 Oakwood Rd
 City Huntington State WV Zip Code 25701-4148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-76
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Riedl, Daniel, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 Cedar St
 City Wauwatosa State WI Zip Code 53213-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Fld Dist Policies & Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-636
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 148
	<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. Riedl, Daniel, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 Cedar St
 City Wauwatosa State WI Zip Code 53213-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Fld Dist Policies & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-636
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 River Ridge Cv Ste 190
 City Prospect State KY Zip Code 40059-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-19
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 River Ridge Cv Ste 190
 City Prospect State KY Zip Code 40059-8038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-19
 Amount of Each Receipt this Period
 208.00
 Memo Item

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: (check only one)	PAGE 105 OF 148
	<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. Rodenhuis, Bethany, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp Distr Strat & Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2394.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-595
 Amount of Each Receipt this Period 133.00
 Memo Item

B. Rodenhuis, Bethany, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp Distr Strat & Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2394.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-595
 Amount of Each Receipt this Period 133.00
 Memo Item

C. Roou, Tammy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp & Chief Risk Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-755
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	326.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Roou, Tammy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp & Chief Risk Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-755
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Deep Valley Rd
 City New Canaan State CT Zip Code 06840-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2914.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-52
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Deep Valley Rd
 City New Canaan State CT Zip Code 06840-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2914.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-52
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	476.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Salchert, Julie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 Tanager Dr
 City Grafton State WI Zip Code 53024-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir, Mktg Integ & Creat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-638
 Amount of Each Receipt this Period 17.00
 Memo Item

B. Salchert, Julie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 Tanager Dr
 City Grafton State WI Zip Code 53024-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir, Mktg Integ & Creat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-638
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18240 Melrose Dr Ste 30
 City Bucyrus State KS Zip Code 66013-9081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1633.30

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-30
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 108 OF 148
	<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. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18240 Melrose Dr
 Ste 30
 City Bucyrus State KS Zip Code 66013-9081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1633.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-30
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Savino, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Benedek Rd
 City Princeton State NJ Zip Code 08540-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-1
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Savino, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Benedek Rd
 City Princeton State NJ Zip Code 08540-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-1
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	516.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 148
	<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. Schaefer, Linda Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1522 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Integrated Shrd Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-647
 Amount of Each Receipt this Period 16.00
 Memo Item

B. Schaefer, Linda Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1522 N Prospect Ave
 City Milwaukee State WI Zip Code 53202-6512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Integrated Shrd Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-647
 Amount of Each Receipt this Period 16.00
 Memo Item

C. Schaefer, Timothy, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1013 E Lexington Blvd
 City Whitefish Bay State WI Zip Code 53217-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Client And Dig Exp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-793
 Amount of Each Receipt this Period 208.00
 Memo Item

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: (check only one)	PAGE 110 OF 148
	<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. Schaefer, Timothy, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1013 E Lexington Blvd
 City Whitefish Bay State WI Zip Code 53217-5381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Client And Dig Exp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-793
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Schattschneider, Cal, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Dir Strat Align & Fin Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-966
 Amount of Each Receipt this Period 36.00
 Memo Item

C. Schattschneider, Cal, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Dir Strat Align & Fin Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-966
 Amount of Each Receipt this Period 36.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 148
	<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. Schickert, Sherri, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W147N9815 Emerald Ln
 City Germantown State WI Zip Code 53022-6620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Proj/Bus Imp Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-783
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Schickert, Sherri, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W147N9815 Emerald Ln
 City Germantown State WI Zip Code 53022-6620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Proj/Bus Imp Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-783
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Schlifske, John, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Chairman & Ceo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-718
 Amount of Each Receipt this Period 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Schlifske, John, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Chairman & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-718
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Schmidt, Calvin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W205 Allen Rd
 City Oconomowoc State WI Zip Code 53066-9048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Int Cust Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-737
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Schmidt, Calvin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W205 Allen Rd
 City Oconomowoc State WI Zip Code 53066-9048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Int Cust Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-737
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	408.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 148
	<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. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 E Fairy Chasm Rd # R
 City Bayside State WI Zip Code 53217-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-502
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 E Fairy Chasm Rd # R
 City Bayside State WI Zip Code 53217-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-502
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Schneider, Sarah, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4380 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp-New Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 732.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-712
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 148
	<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. Schneider, Sarah, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4380 N Wildwood Ave
 City Shorewood State WI Zip Code 53211-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp-New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 732.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-712
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Schott, Sarah, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 N Kent Ave
 City Whitefish Bay State WI Zip Code 53217-4724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-685
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Schott, Sarah, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 N Kent Ave
 City Whitefish Bay State WI Zip Code 53217-4724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-685
 Amount of Each Receipt this Period 60.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Seiden, Adam, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Sunset Rd
 City Darien State CT Zip Code 06820-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-66
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Seiden, Adam, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Sunset Rd
 City Darien State CT Zip Code 06820-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-66
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Pine Needle Trl
 City Oakland Twp State MI Zip Code 48306-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-33
 Amount of Each Receipt this Period 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Pine Needle Trl
 City Oakland Twp State MI Zip Code 48306-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-33
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Simbro, David, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp Life & Ann Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-995
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Simbro, David, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Svp Life & Ann Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-995
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line 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 117 OF 148
	<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. Skalecki, Paul, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W69N463 Foxpointe Ave # A
 City Cedarburg State WI Zip Code 53012-2231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-816
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Skalecki, Paul, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W69N463 Foxpointe Ave # A
 City Cedarburg State WI Zip Code 53012-2231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-816
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Sperka, Steve, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Field Rewards
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1752.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-741
 Amount of Each Receipt this Period 98.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Sperka, Steve, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Field Rewards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1752.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-741
 Amount of Each Receipt this Period 98.00
 Memo Item

B. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3914 White Stone Rd
 City Newtown Sq State PA Zip Code 19073-1095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-72
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3914 White Stone Rd
 City Newtown Sq State PA Zip Code 19073-1095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-72
 Amount of Each Receipt this Period 42.00
 Memo Item

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: (check only one)	PAGE 119 OF 148
	<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. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-577
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 201609298930-577
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Stoeffel, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) President & Ceo Nmis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1506.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : 20160913201230-817
 Amount of Each Receipt this Period 97.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	137.00
TOTAL This Period (last page this line 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 120 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Stoeffel, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) President & Ceo Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1506.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-817
 Amount of Each Receipt this Period 97.00
 Memo Item

B. Stone, Stephen, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2511 N 95th St
 City Wauwatosa State WI Zip Code 53226-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director - Erm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-639
 Amount of Each Receipt this Period 28.00
 Memo Item

C. Stone, Stephen, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2511 N 95th St
 City Wauwatosa State WI Zip Code 53226-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director - Erm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-639
 Amount of Each Receipt this Period 28.00
 Memo Item

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: (check only one)	PAGE 121 OF 148
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Strait, Richard, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9086 N Tennyson Dr
 City Bayside State WI Zip Code 53217-1967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-993
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Strait, Richard, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9086 N Tennyson Dr
 City Bayside State WI Zip Code 53217-1967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-993
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Striano, Peter, F., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11050 NW 78th Pl
 City Parkland State FL Zip Code 33076-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2582.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-48
 Amount of Each Receipt this Period 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 148
	<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. Striano, Peter, F., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11050 NW 78th Pl
 City Parkland State FL Zip Code 33076-4723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2582.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-48
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Stribling, Steven, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11830 W Whitaker Ave
 City Greenfield State WI Zip Code 53228-2455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Disability Income
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1008
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Stribling, Steven, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11830 W Whitaker Ave
 City Greenfield State WI Zip Code 53228-2455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Disability Income
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1008
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 148
	<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. Stugelmeyer, Brenda, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6970 W Fox Haven Ct
 City Franklin State WI Zip Code 53132-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Real Estate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-820
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Stugelmeyer, Brenda, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6970 W Fox Haven Ct
 City Franklin State WI Zip Code 53132-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Real Estate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-820
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Swain, Christopher, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10927 N Wyngate Trce
 City Mequon State WI Zip Code 53092-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Public Investments
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-772
 Amount of Each Receipt this Period 35.00
 Memo Item

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: (check only one)	PAGE 124 OF 148
	<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. Swain, Christopher, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10927 N Wyngate Trce
 City Mequon State WI Zip Code 53092-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-772
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Swanson, Steven, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10535 N Gazebo Hill
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-988
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Swanson, Steven, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10535 N Gazebo Hill
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-988
 Amount of Each Receipt this Period 21.00
 Memo Item

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: (check only one)	PAGE 125 OF 148
	<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. Sweigart, Victoria, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Brookdale Dr
 City South Milwaukee State WI Zip Code 53172-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Doc Shared Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-895
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Sweigart, Victoria, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Brookdale Dr
 City South Milwaukee State WI Zip Code 53172-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Doc Shared Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-895
 Amount of Each Receipt this Period 13.00
 Memo Item

C. Swoboda, Benjamin, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5227 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-813
 Amount of Each Receipt this Period 19.00
 Memo Item

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 126 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Swoboda, Benjamin, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5227 N Hollywood Ave
 City Whitefish Bay State WI Zip Code 53217-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-813
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Talajkowski, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4119 N Prospect Ave
 City Shorewood State WI Zip Code 53211-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Avp Tax And Tax Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-802
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Talajkowski, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4119 N Prospect Ave
 City Shorewood State WI Zip Code 53211-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Avp Tax And Tax Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-802
 Amount of Each Receipt this Period 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.00
TOTAL This Period (last page this line 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 127 OF 148
	<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. Tews, Michael, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-15
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Tews, Michael, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-15
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12505 Ventana Mesa Cir
 City Castle Pines State CO Zip Code 80108-9148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-27
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	458.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12505 Ventana Mesa Cir
 City Castle Pines State CO Zip Code 80108-9148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3744.00**

Date of Receipt **09 / 30 / 2016**
Transaction ID : 20161003113219-27
 Amount of Each Receipt this Period **208.00**
 Memo Item

B. Timmer, Douglas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 W McIntosh Ln
 City Mequon State WI Zip Code 53092-6022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 15 / 2016**
Transaction ID : 20160913201230-936
 Amount of Each Receipt this Period **15.00**
 Memo Item

C. Timmer, Douglas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 W McIntosh Ln
 City Mequon State WI Zip Code 53092-6022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2016**
Transaction ID : 201609298930-936
 Amount of Each Receipt this Period **15.00**
 Memo Item

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: (check only one)	PAGE 129 OF 148
	<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. Treptow, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 N Gray Log Ln
 City Fox Point State WI Zip Code 53217-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-835
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Treptow, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 N Gray Log Ln
 City Fox Point State WI Zip Code 53217-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-835
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Tronco, Alex, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Stoneridge Dr
 City Loudonville State NY Zip Code 12211-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-58
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line 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 130 OF 148
	<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. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Stoneridge Dr
 City Loudonville State NY Zip Code 12211-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-58
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Trost, Chris, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-575
 Amount of Each Receipt this Period
 37.00
 Memo Item

C. Trost, Chris, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-575
 Amount of Each Receipt this Period
 37.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	199.00
TOTAL This Period (last page this line 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 131 OF 148
	<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. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-44
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-44
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 849 Sabot Hill Rd
 City Manakin Sabot State VA Zip Code 23103-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-18
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	458.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

A. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 849 Sabot Hill Rd
 City Manakin Sabot State VA Zip Code 23103-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-18
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Vandommelen, MD, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W66N679 Madison Ave
 City Cedarburg State WI Zip Code 53012-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-875
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Vandommelen, MD, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W66N679 Madison Ave
 City Cedarburg State WI Zip Code 53012-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-875
 Amount of Each Receipt this Period 22.00
 Memo Item

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 133 OF 148
	<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. Vedder, Andrew, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4856 N Bartlett Ave
 City Whitefish Bay State WI Zip Code 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director- Erm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1011
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Vedder, Andrew, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4856 N Bartlett Ave
 City Whitefish Bay State WI Zip Code 53217-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director- Erm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1011
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Wagner, Janine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Dir Plng & Prod Ins Cons
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-758
 Amount of Each Receipt this Period 17.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wagner, Janine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Dir Plng & Prod Ins Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-758
 Amount of Each Receipt this Period 17.00
 Memo Item

B. Wassweiler, Andrew, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6746 W River Terrace Dr # D
 City Franklin State WI Zip Code 53132-8363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-747
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Wassweiler, Andrew, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6746 W River Terrace Dr # D
 City Franklin State WI Zip Code 53132-8363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-747
 Amount of Each Receipt this Period 17.00
 Memo Item

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: (check only one)	PAGE 135 OF 148
	<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. Watson, Alison, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Independence Ave SE
 City Washington State DC Zip Code 20003-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Fed Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-977
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. Watson, Alison, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Independence Ave SE
 City Washington State DC Zip Code 20003-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Fed Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-977
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. Welsh, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address S68W17598 Marybeck Ln
 City Muskego State WI Zip Code 53150-8556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Employee Comp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-870
 Amount of Each Receipt this Period
 14.00
 Memo Item

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: (check only one)	PAGE 136 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Welsh, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address S68W17598 Marybeck Ln
 City Muskego State WI Zip Code 53150-8556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Employee Comp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-870
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. Williams, Jeffrey, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Nmis-Nmwmc Chief Compl Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-546
 Amount of Each Receipt this Period
 38.00
 Memo Item

C. Williams, Jeffrey, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Nmis-Nmwmc Chief Compl Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 684.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-546
 Amount of Each Receipt this Period
 38.00
 Memo Item

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 137 OF 148
	<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. Williams-Kemp, Kamilah, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8645 N Dean Cir
 City River Hills State WI Zip Code 53217-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ltc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-753
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Williams-Kemp, Kamilah, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8645 N Dean Cir
 City River Hills State WI Zip Code 53217-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ltc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-753
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Wilson, Brian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11128 N Whilton Rd
 City Mequon State WI Zip Code 53097-3439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp National Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1013
 Amount of Each Receipt this Period 25.00
 Memo Item

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: (check only one)	PAGE 138 OF 148
	<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. Wilson, Brian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11128 N Whilton Rd
 City Mequon State WI Zip Code 53097-3439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp National Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1013
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Beretania Cir
 City Charlotte State NC Zip Code 28211-3631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-57
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Beretania Cir
 City Charlotte State NC Zip Code 28211-3631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-57
 Amount of Each Receipt this Period 208.00
 Memo Item

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: (check only one)	PAGE 139 OF 148
	<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. Wright, John, William, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 King Rd NW
 City Atlanta State GA Zip Code 30342-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 201609152163-32
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Wright, John, William, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 King Rd NW
 City Atlanta State GA Zip Code 30342-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 20161003113219-32
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Yeazel, Brian, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N110W5390 W Highland Dr
 City Cedarburg State WI Zip Code 53012-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-660
 Amount of Each Receipt this Period
 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	101.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 148
	<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. Yeazel, Brian, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N110W5390 W Highland Dr
 City Cedarburg State WI Zip Code 53012-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-660
 Amount of Each Receipt this Period
 18.00
 Memo Item

B. York, Conrad, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 511100
 City Milwaukee State WI Zip Code 53203-0191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1926.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : 20160913201230-720
 Amount of Each Receipt this Period
 119.00
 Memo Item

C. York, Conrad, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 511100
 City Milwaukee State WI Zip Code 53203-0191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1926.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 201609298930-720
 Amount of Each Receipt this Period
 119.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	256.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 148
	<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. Young, Catherine, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-1022
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Young, Catherine, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-1022
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Zach, T Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6630 Country Creek Ln
 City Cedar Rapids State IA Zip Code 52403-7023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 201609152163-51
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line 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 142 OF 148
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Zach, T Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6630 Country Creek Ln
 City Cedar Rapids State IA Zip Code 52403-7023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 20161003113219-51
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Zale, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2818 E Menlo Blvd
 City Shorewood State WI Zip Code 53211-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2526.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-743
 Amount of Each Receipt this Period 161.00
 Memo Item

C. Zale, Thomas, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2818 E Menlo Blvd
 City Shorewood State WI Zip Code 53211-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2526.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-743
 Amount of Each Receipt this Period 161.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	447.00
TOTAL This Period (last page this line 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 143 OF 148
	<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. Zawada, Diana, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N1 W31143 Wildwood T
 City Delafield State WI Zip Code 53018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir-Enterprise Vendor Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-721
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Zawada, Diana, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N1 W31143 Wildwood T
 City Delafield State WI Zip Code 53018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir-Enterprise Vendor Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-721
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Zehner, Rick, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 W Ravine Baye Rd
 City Bayside State WI Zip Code 53217-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-912
 Amount of Each Receipt this Period 46.00
 Memo Item

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: (check only one)	PAGE 144 OF 148
	<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. Zehner, Rick, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 W Ravine Baye Rd
 City Bayside State WI Zip Code 53217-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-912
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Zinkgraf, Todd, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Ent Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 20160913201230-944
 Amount of Each Receipt this Period 86.00
 Memo Item

C. Zinkgraf, Todd, O., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NML Occupation (for Individual) Vp Ent Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 201609298930-944
 Amount of Each Receipt this Period 86.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 148
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Zuzolo, Jeffrey, , ,

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 (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3744.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2016

Transaction ID : 201609152163-10

Amount of Each Receipt this Period
208.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zuzolo, Jeffrey, , ,

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 (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3744.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2016

Transaction ID : 20161003113219-10

Amount of Each Receipt this Period
208.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.00
TOTAL This Period (last page this line number only).....	33282.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. US Bank

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Service Charge

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : FE217036FE3
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Bob Casey for Senate Inc

Mailing Address PO Box 58746

City Philadelphia

State PA

Zip Code 19102

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Casey, Robert, P., , Jr

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C C00431056

Transaction ID : 8AABD9A988

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marco Rubio for Senate 2016

Mailing Address PO Box 661537

City Miami

State FL

Zip Code 33266

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Rubio, Marco, Antonio, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C C00620518

Transaction ID : 0AD471817Df

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. McSally for Congress

Mailing Address PO Box 19128

City Tucson

State AZ

Zip Code 85731-9128

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

McSally, Martha, Elizabeth, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2016

FEC Identification Number

C C00512236

Transaction ID : E1E1C593BC

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Mike Gallagher for Wisconsin

Mailing Address PO Box 1027

City Green Bay State WI Zip Code 54305

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Gallagher, Michael, John, ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: WI District: 08

Date of Disbursement

/ /

FEC Identification Number

C C00610212

Transaction ID : 573EC1A07C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011
Category/
Type

Candidate Name
NRCC

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) Contribution

Date of Disbursement

/ /

FEC Identification Number

C C00075820

Transaction ID : 7A129A4D15:
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC (Recount Fund)

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011
Category/
Type

Candidate Name
NRCC (Recount Fund)

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) Contribution

Date of Disbursement

/ /

FEC Identification Number

C C00075820

Transaction ID : 7614DD81D5
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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