

**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="2019"/>	<input type="text" value=""/>	<input type="text" value="423811.73"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="396639.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="206479.00"/>	<input type="text" value="405506.02"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="603118.33"/>	<input type="text" value="829317.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="165032.91"/>	<input type="text" value="391232.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="438085.42"/>	<input type="text" value="438085.42"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	184561.50	340799.36
(ii) Unitemized	17917.50	60706.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	202479.00	401506.02
(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)	202479.00	401506.02
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.....	4000.00	4000.00
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)).....▶	206479.00	405506.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	206479.00	405506.02

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	1532.91	2932.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1532.91	2932.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	138500.00	332500.00
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).....	25000.00	55800.00
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)) ..	165032.91	391232.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165032.91	391232.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	202479.00	401506.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	202479.00	401506.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1532.91	2932.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1532.91	2932.33

**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 798
	<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 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-64
 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 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-64
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 1D4A6D953CD442C9867D
 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 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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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A. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-65
 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 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-65
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-65
 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 8 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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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A. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-65
 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 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-65
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Abbass, Steven, Fay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 Broadhollow Rd
 Ste 200
 City Melville State NY Zip Code 11747-4810
 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 ▼ 3000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-63
 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 9 OF 798
	<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
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A. Abbass, Steven, Fay, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Broadhollow Rd
Ste 200

City Melville State NY Zip Code 11747-4810

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 ▼ 3000.00

Date of Receipt **11 / 30 / 2019**

Transaction ID : 2019112719134-63

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 400 Broadhollow Rd
Ste 200

City Melville State NY Zip Code 11747-4810

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 ▼ 3000.00

Date of Receipt **12 / 15 / 2019**

Transaction ID : 201912151995-63

Amount of Each Receipt this Period 125.00

Memo Item

C. Abbass, Steven, Fay, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Broadhollow Rd
Ste 200

City Melville State NY Zip Code 11747-4810

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 ▼ 3000.00

Date of Receipt **12 / 31 / 2019**

Transaction ID : 2019123119135-63

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 10 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-46
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-46
 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 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : D6BC7A7DAED1478CBF6D
 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 11 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-46
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-46
 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 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-46
 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 12 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-46
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-46
 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 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-45
 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 13 OF 798
	<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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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 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-45
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Abell, Rick, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-45
 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 1425 River Park Dr
 Ste 100, # D
 City Sacramento State CA Zip Code 95815-4508
 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 ▼ 3000.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-45
 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 14 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Anderson, Thomas, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-508
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Anderson, Thomas, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-504
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Anderson, Thomas, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-503
 Amount of Each Receipt this Period 15.00
 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: PAGE 15 OF 798
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Anderson, Thomas, K, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-502

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-501

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-501

Amount of Each Receipt this Period 15.00

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: PAGE 16 OF 798
(check only one)

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

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

A. Anderson, Thomas, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : 2019123119175-500

Amount of Each Receipt this Period
15.00

Memo Item

B. Arthur, Steven, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-453

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2019

Transaction ID : 2019121311576-453

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 798
	<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. Arthur, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-452
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Aslakson, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Union St Ste 250
 City Seattle State WA Zip Code 98101-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-54
 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 601 Union St Ste 250
 City Seattle State WA Zip Code 98101-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-54
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 798
	<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. Aslakson, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Union St
 Ste 250
 City Seattle State WA Zip Code 98101-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 15 / 2019
Transaction ID : D767064383EE4B5098DA
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Aslakson, Eric, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Union St
 Ste 250
 City Seattle State WA Zip Code 98101-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-54
 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 601 Union St
 Ste 250
 City Seattle State WA Zip Code 98101-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-54
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Aslakson, Eric, D, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Union St
Ste 250

City Seattle State WA Zip Code 98101-2341

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

Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **09 / 30 / 2019**

Transaction ID : 2019093019134-54

Amount of Each Receipt this Period 62.50

Memo Item

B. Aslakson, Eric, D, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Union St
Ste 250

City Seattle State WA Zip Code 98101-2341

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

Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **10 / 15 / 2019**

Transaction ID : 201910151995-54

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 601 Union St
Ste 250

City Seattle State WA Zip Code 98101-2341

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

Name of Employer (for Individual) Seattle Netwk Ofc LLC Occupation (for Individual) Special Agent

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **10 / 31 / 2019**

Transaction ID : 2019103119135-54

Amount of Each Receipt this Period 62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 798
(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. Backe, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ins & Ops Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-497
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-596
 Amount of Each Receipt this Period 67.00
 Memo Item

C. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-592
 Amount of Each Receipt this Period 67.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 156.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 798
	<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. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : 2019081519215-590
 Amount of Each Receipt this Period 67.00
 Memo Item

B. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-589
 Amount of Each Receipt this Period 67.00
 Memo Item

C. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-589
 Amount of Each Receipt this Period 67.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	201.00
TOTAL This Period (last page this line 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 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Badran, Souheil, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Chief Operating Officer
------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1474.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-589

Amount of Each Receipt this Period
67.00

Memo Item

B. Badran, Souheil, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Chief Operating Officer
------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1474.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-583

Amount of Each Receipt this Period
67.00

Memo Item

C. Badran, Souheil, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Chief Operating Officer
------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1474.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-582

Amount of Each Receipt this Period
67.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	201.00
TOTAL This Period (last page this line 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 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-581
 Amount of Each Receipt this Period 67.00
 Memo Item

B. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-580
 Amount of Each Receipt this Period 67.00
 Memo Item

C. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-580
 Amount of Each Receipt this Period 67.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	201.00
TOTAL This Period (last page this line 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 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Badran, Souheil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1474.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-579
 Amount of Each Receipt this Period
 67.00
 Memo Item

B. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-30
 Amount of Each Receipt this Period
 17.50
 Memo Item

C. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-30
 Amount of Each Receipt this Period
 17.50
 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 25 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt 08 / 15 / 2019
Transaction ID : EE1913D61E274269874A
 Amount of Each Receipt this Period 17.50
 Memo Item

B. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-30
 Amount of Each Receipt this Period 17.50
 Memo Item

C. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-30
 Amount of Each Receipt this Period 17.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-30
 Amount of Each Receipt this Period 17.50
 Memo Item

B. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-30
 Amount of Each Receipt this Period 17.50
 Memo Item

C. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-30
 Amount of Each Receipt this Period 17.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 798
	<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. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 420.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 2019111519215-29
 Amount of Each Receipt this Period 17.50
 Memo Item

B. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 420.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-29
 Amount of Each Receipt this Period 17.50
 Memo Item

C. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 420.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-29
 Amount of Each Receipt this Period 17.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Bailey, Brian, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 W Jefferson St
 Ste 540
 City Boise State ID Zip Code 83702-5393
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-29
 Amount of Each Receipt this Period
 17.50
 Memo Item

B. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-507
 Amount of Each Receipt this Period
 22.00
 Memo Item

C. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-504
 Amount of Each Receipt this Period
 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	61.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 798
	<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. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : 2019081519215-502
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-501
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-501
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 30 OF 798
(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. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-501
 Amount of Each Receipt this Period
 22.00
 Memo Item

B. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-497
 Amount of Each Receipt this Period
 22.00
 Memo Item

C. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-496
 Amount of Each Receipt this Period
 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 66.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-495
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-494
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-494
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 798
	<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. Barras, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-493
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Bartosiak, Jeffrey, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Client Comms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-541
 Amount of Each Receipt this Period 9.00
 Memo Item

C. Bartosiak, Jeffrey, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Client Comms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-540
 Amount of Each Receipt this Period 9.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line 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 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-391
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-389
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-388
 Amount of Each Receipt this Period 20.00
 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 34 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Bay, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Mang Dir Priv Plcmts
------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 2019083019135-387

Amount of Each Receipt this Period
20.00

Memo Item

B. Bay, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Mang Dir Priv Plcmts
------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-387

Amount of Each Receipt this Period
20.00

Memo Item

C. Bay, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Mang Dir Priv Plcmts
------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-387

Amount of Each Receipt this Period
20.00

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 35 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-384
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-383
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-383
 Amount of Each Receipt this Period 20.00
 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 36 OF 798
	<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. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-382
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-382
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bay, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-381
 Amount of Each Receipt this Period 20.00
 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 37 OF 798
	<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. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 1500.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-20
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 1500.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-20
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 1500.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 6DFBE667289D481A9865
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 201908301995-20
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 2019091519174-20
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019093019134-20
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 798
	<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. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-20
 Amount of Each Receipt this Period
 62.50
 Memo Item

B. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-20
 Amount of Each Receipt this Period
 62.50
 Memo Item

C. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-19
 Amount of Each Receipt this Period
 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 798
	<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. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-19
 Amount of Each Receipt this Period
 62.50
 Memo Item

B. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-19
 Amount of Each Receipt this Period
 62.50
 Memo Item

C. Beer, Mitchell, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21800 Oxnard St
 Ste 80
 City Woodland Hills State CA Zip Code 91367-3633
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-19
 Amount of Each Receipt this Period
 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 798
	<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. Behring, Jeffrey, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-804
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-804
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Behring, Jeffrey, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-798
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-796
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-795
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Behring, Jeffrey, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Priv Plcmts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-794
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912311576-794
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-793
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 07 / 15 / 2019
Transaction ID : 201907151995-41
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	107.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 798
	<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. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-41
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : E25FB22D7BBD40E99EF1
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-41
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-41
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-41
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-41
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 798
	<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. Beilin, Alex, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 Ludlow St

City Stamford	State CT	Zip Code 06902-6987
------------------	-------------	------------------------

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 ▼
1166.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019103119135-41

Amount of Each Receipt this Period
83.33

Memo Item

B. Beilin, Alex, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 Ludlow St

City Stamford	State CT	Zip Code 06902-6987
------------------	-------------	------------------------

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 ▼
1166.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519215-40

Amount of Each Receipt this Period
83.33

Memo Item

C. Beilin, Alex, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 Ludlow St

City Stamford	State CT	Zip Code 06902-6987
------------------	-------------	------------------------

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 ▼
1166.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112719134-40

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 798
	<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. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-40
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Beilin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 Ludlow St
 City Stamford State CT Zip Code 06902-6987
 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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-40
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-734
 Amount of Each Receipt this Period
 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-732
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-730
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-730
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-730
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-724
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-722
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-721
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-720
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Belli-Fuchs, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Rep & Sys Admn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-720
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Belli-Fuchs, Lisa, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Rep & Sys Admn
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-719

Amount of Each Receipt this Period
19.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : 2019071319137-393

Amount of Each Receipt this Period
48.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2019

Transaction ID : 2019073019911-391

Amount of Each Receipt this Period
48.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 52 OF 798
(check only one)

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

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

A. Bentley, John, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2019

Transaction ID : 2019081519215-390

Amount of Each Receipt this Period
48.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2019

Transaction ID : 2019083019135-389

Amount of Each Receipt this Period
48.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2019

Transaction ID : 201909131995-389

Amount of Each Receipt this Period
48.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line 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 798
	<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. Bentley, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-389
 Amount of Each Receipt this Period 48.00
 Memo Item

B. Bentley, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-386
 Amount of Each Receipt this Period 48.00
 Memo Item

C. Bentley, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-385
 Amount of Each Receipt this Period 48.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 54 OF 798
(check only one)

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

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

A. Bentley, John, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 201911519255-385

Amount of Each Receipt this Period
48.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-384

Amount of Each Receipt this Period
48.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Public Investments
------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-384

Amount of Each Receipt this Period
48.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 798		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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. Bentley, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Public Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-383
 Amount of Each Receipt this Period
 48.00
 Memo Item

B. Berndt, Evert, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-735
 Amount of Each Receipt this Period
 17.00
 Memo Item

C. Berndt, Evert, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Risk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-733
 Amount of Each Receipt this Period
 17.00
 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 56 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Berndt, Evert, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2019

Transaction ID : 2019083019135-731

Amount of Each Receipt this Period

17.00

 Memo Item

B. Berndt, Evert, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2019

Transaction ID : 201909131995-731

Amount of Each Receipt this Period

17.00

 Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2019

Transaction ID : 2019092819135-731

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 57 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Berndt, Evert, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2019

Transaction ID : 2019101616574-725

Amount of Each Receipt this Period

17.00

 Memo Item

B. Berndt, Evert, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2019

Transaction ID : 2019102919135-723

Amount of Each Receipt this Period

17.00

 Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 2019111519255-722

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 58 OF 798
	<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. Berndt, Evert, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-721

Amount of Each Receipt this Period
17.00

Memo Item

B. Berndt, Evert, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-721

Amount of Each Receipt this Period
17.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-720

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 59 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Black, Dwaan, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼ 1008.00

Date of Receipt 07 / 15 / 2019

Transaction ID : 201907151995-15

Amount of Each Receipt this Period 42.00

Memo Item

B. Black, Dwaan, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼ 1008.00

Date of Receipt 07 / 31 / 2019

Transaction ID : 2019073119917-15

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 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼ 1008.00

Date of Receipt 08 / 15 / 2019

Transaction ID : C2C6FF7E9EC64BB58BAD

Amount of Each Receipt this Period 42.00

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:	PAGE 60 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Black, Dwaan, C, ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2019
Mailing Address 400 Interstate North Pkwy SE Ste 600		Transaction ID : 201908301995-15
City Atlanta	State GA	Zip Code 30339-5001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Black, Dwaan, C, ,		Date of Receipt MM / DD / YYYY 09 / 15 / 2019
Mailing Address 400 Interstate North Pkwy SE Ste 600		Transaction ID : 2019091519174-15
City Atlanta	State GA	Zip Code 30339-5001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Black, Dwaan, C, ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2019
Mailing Address 400 Interstate North Pkwy SE Ste 600		Transaction ID : 2019093019134-15
City Atlanta	State GA	Zip Code 30339-5001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1008.00	

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 798
	<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. Black, Dwaan, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼ 1008.00

Date of Receipt 10 / 15 / 2019

Transaction ID : 201910151995-15

Amount of Each Receipt this Period 42.00

Memo Item

B. Black, Dwaan, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼ 1008.00

Date of Receipt 10 / 31 / 2019

Transaction ID : 2019103119135-15

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 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼ 1008.00

Date of Receipt 11 / 15 / 2019

Transaction ID : 2019111519215-14

Amount of Each Receipt this Period 42.00

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 62 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Black, Dwaan, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼
1008.00

Date of Receipt
11 / 30 / 2019
Transaction ID : 2019112719134-14

Amount of Each Receipt this Period
42.00

Memo Item

B. Black, Dwaan, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼
1008.00

Date of Receipt
12 / 15 / 2019
Transaction ID : 201912151995-14

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 400 Interstate North Pkwy SE
Ste 600

City Atlanta State GA Zip Code 30339-5001

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 ▼
1008.00

Date of Receipt
12 / 31 / 2019
Transaction ID : 2019123119135-14

Amount of Each Receipt this Period
42.00

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 63 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Boknevitz, Timothy John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-568
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Boknevitz, Timothy John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-568
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Boknevitz, Timothy John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-567
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 798
	<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. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-611
 Amount of Each Receipt this Period 107.00
 Memo Item

B. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-607
 Amount of Each Receipt this Period 107.00
 Memo Item

C. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-605
 Amount of Each Receipt this Period 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.00
TOTAL This Period (last page this line 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 798
	<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. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-604
 Amount of Each Receipt this Period 107.00
 Memo Item

B. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-604
 Amount of Each Receipt this Period 107.00
 Memo Item

C. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-604
 Amount of Each Receipt this Period 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	321.00
TOTAL This Period (last page this line 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 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-598
 Amount of Each Receipt this Period 107.00
 Memo Item

B. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-597
 Amount of Each Receipt this Period 107.00
 Memo Item

C. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-596
 Amount of Each Receipt this Period 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.00
TOTAL This Period (last page this line 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 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-595
 Amount of Each Receipt this Period 107.00
 Memo Item

B. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 2019121311576-595
 Amount of Each Receipt this Period 107.00
 Memo Item

C. Botcher, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2568.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-594
 Amount of Each Receipt this Period 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.00
TOTAL This Period (last page this line 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 798
	<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. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-631
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-627
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-625
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 798
	<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. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-623
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-623
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-623
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-617
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-616
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-615
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-614
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-614
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Brase, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-613
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 798
	<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. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-686
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-686
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-686
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-680
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-679
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-678
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 798
	<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. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-677
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-677
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Breitzman, Kristofer, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director Public Bonds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-676
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Brennan, Audra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Strat Phil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-430
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Brennan, Audra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Strat Phil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-429
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Brennan, Audra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Strat Phil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-429
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Brennan, Audra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Strat Phil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-428
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Brennan, Audra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Strat Phil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-428
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Brennan, Audra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Strat Phil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-427
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 798
	<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. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-778
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-774
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-771
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-769
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 201909131995-769
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-769
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line 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 798
	<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. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-763
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-761
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-760
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line 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 798
	<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. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-759
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-759
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Brissette, Lori, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Client Adv & Pres Nmis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-758
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line 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 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Bromley, Stephanie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-437
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Bromley, Stephanie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-436
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Bromley, Stephanie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-436
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Bromley, Stephanie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-435
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Bromley, Stephanie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-435
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Bromley, Stephanie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-434
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 798
	<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. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-416
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 576.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-414
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-413
 Amount of Each Receipt this Period 24.00
 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 84 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 576.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-412
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 576.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-412
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-412
 Amount of Each Receipt this Period 24.00
 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:	PAGE 85 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-409
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 576.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-408
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-408
 Amount of Each Receipt this Period 24.00
 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 86 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-407
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 576.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-407
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Brower, Anne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-406
 Amount of Each Receipt this Period 24.00
 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 87 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Brown, Timothy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-570
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. Brummond, Carl, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-437
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Brummond, Carl, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Pub Bond
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519255-437
 Amount of Each Receipt this Period
 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Brummond, Carl, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-436
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Brummond, Carl, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-436
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Brummond, Carl, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-435
 Amount of Each Receipt this Period 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 798
	<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. Bryant, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-555
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Bryant, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-554
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Bryant, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-554
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 90 OF 798
(check only one)

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

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

A. Bryant, Matthew, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
12	/	31	/	2019

Transaction ID : 2019123119175-553

Amount of Each Receipt this Period
10.00

Memo Item

B. Byrne, Michael, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Montgomery St
Ste 1600

City San Francisco	State CA	Zip Code 94111-2718
-----------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : 201907151995-13

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 600 Montgomery St
Ste 1600

City San Francisco	State CA	Zip Code 94111-2718
-----------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2019

Transaction ID : 2019073119917-13

Amount of Each Receipt this Period
208.00

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 91 OF 798
	<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. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 7659E3EB796644389358
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-13
 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 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 ▼ 4992.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-13
 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 92 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 ▼ 4992.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-13
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 ▼ 4992.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-13
 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 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 ▼ 4992.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-13
 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 93 OF 798
	<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. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 **4992.00**

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-12
 Amount of Each Receipt this Period **208.00**
 Memo Item

B. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 **4992.00**

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-12
 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 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 **4992.00**

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-12
 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 94 OF 798
	<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. Byrne, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Montgomery St
 Ste 1600
 City San Francisco State CA Zip Code 94111-2718
 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 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-12
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1260.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-713
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1260.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-709
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	358.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 798
	<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. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-707
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-705
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-705
 Amount of Each Receipt this Period 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-705
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-699
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-698
 Amount of Each Receipt this Period 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 798
	<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. Cadotte, Lisa, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Investment Risk & Ops
------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 201911519255-697

Amount of Each Receipt this Period
75.00

Memo Item

B. Cadotte, Lisa, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Investment Risk & Ops
------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-696

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Investment Risk & Ops
------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-696

Amount of Each Receipt this Period
75.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 798
	<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. Cadotte, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Risk & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-695
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-707
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-703
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	491.00
TOTAL This Period (last page this line 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 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : 2019081519215-701
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-699
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-699
 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 100 OF 798
	<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. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-699
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-693
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-692
 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 101 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-691
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-690
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-690
 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 102 OF 798
	<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. Carter, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Cfo & Cro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-689
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Castino, John, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Ent Event&Meeting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-696
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Castino, John, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Ent Event&Meeting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-695
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 798
	<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. Castino, John, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Ent Event&Meeting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-694
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Castino, John, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Ent Event&Meeting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-693
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Castino, John, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Ent Event&Meeting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-693
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 798
	<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. Castino, John, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Ent Event&Meeting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-692
 Amount of Each Receipt this Period
 11.00
 Memo Item

B. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-29
 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 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-29
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line 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 798
	<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. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave
 Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt 08 / 15 / 2019
Transaction ID : EA6A592590984CBAAB40
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave
 Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-29
 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 1276 N 15th Ave
 Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-29
 Amount of Each Receipt this Period 42.00
 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 106 OF 798
	<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. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 1008.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-29
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 1008.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-29
 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 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 1008.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-29
 Amount of Each Receipt this Period 42.00
 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 107 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 2019111519215-28
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-28
 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 1276 N 15th Ave Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 ▼ 1008.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-28
 Amount of Each Receipt this Period 42.00
 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 108 OF 798
	<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. Castronovo, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 N 15th Ave
 Ste 20
 City Bozeman State MT Zip Code 59715-3289
 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 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-28
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Chiapete, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Compensation
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-657
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. Chiapete, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Compensation
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-651
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 798
	<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. Chiapete, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-650
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Chiapete, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-649
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Chiapete, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-648
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 798
	<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. Chiapete, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912311576-648
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. Chiapete, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-647
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-27
 Amount of Each Receipt this Period
 75.00
 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 111 OF 798
	<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. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-27
 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 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 1D409E50B0C844079929
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-27
 Amount of Each Receipt this Period
 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 798
	<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. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-27
 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 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-27
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-27
 Amount of Each Receipt this Period
 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 798
	<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. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-27
 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 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-26
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-26
 Amount of Each Receipt this Period
 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 798
	<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. Christensen, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-26
 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 1000 Elm St
 Ste 15
 City Manchester State NH Zip Code 03101-1710
 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 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-26
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 1995.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-526
 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 115 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-523
 Amount of Each Receipt this Period 95.00
 Memo Item

B. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-521
 Amount of Each Receipt this Period 95.00
 Memo Item

C. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-520
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 798
	<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. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-520
 Amount of Each Receipt this Period 95.00
 Memo Item

B. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-520
 Amount of Each Receipt this Period 95.00
 Memo Item

C. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-516
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 798
	<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. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-515
 Amount of Each Receipt this Period 95.00
 Memo Item

B. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-514
 Amount of Each Receipt this Period 95.00
 Memo Item

C. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-513
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 798
	<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. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-513
 Amount of Each Receipt this Period 95.00
 Memo Item

B. Christophersen, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-512
 Amount of Each Receipt this Period 95.00
 Memo Item

C. Collins, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-479
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 OF 798
(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. Collins, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-478
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Collins, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-478
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Collins, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-477
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line 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 798		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-2
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-2
 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 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 44E1B705FDCF4C9CB94C
 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 121 OF 798		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-2
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-2
 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 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-2
 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 122 OF 798
	<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. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-2
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-2
 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 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-2
 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 123 OF 798
	<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. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-2
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Condrey, R, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 4992.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-2
 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 1201 Edwards Mill Rd
 Ste 200
 City Raleigh State NC Zip Code 27607-3625
 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 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-2
 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 124 OF 798
	<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. Conmey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-781
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Conmey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-780
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Conmey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-780
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Conmey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-779
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Courtney, Barbara, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Mutual Fund Acctg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-515
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Courtney, Barbara, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Mutual Fund Acctg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-514
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line 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 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Courtney, Barbara, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Mutual Fund Acctg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-514
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Courtney, Barbara, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Mutual Fund Acctg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-513
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Cruse, Tait, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 Lyndon B Johnson Fwy
 2 Lincoln Centre # 1300
 City Dallas State TX Zip Code 75240-6222
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-19
 Amount of Each Receipt this Period 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 798
	<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. Cruse, Tait, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 07 / 31 / 2019

Transaction ID : 2019073119917-19

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 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019

Transaction ID : 2C8C909E22EA426BBBF0

Amount of Each Receipt this Period 208.00

Memo Item

C. Cruse, Tait, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019

Transaction ID : 201908301995-19

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 128 OF 798
	<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. Cruse, Tait, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019

Transaction ID : 2019091519174-19

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 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 09 / 30 / 2019

Transaction ID : 2019093019134-19

Amount of Each Receipt this Period 208.00

Memo Item

C. Cruse, Tait, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 10 / 15 / 2019

Transaction ID : 201910151995-19

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 129 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Cruse, Tait, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 10 / 31 / 2019

Transaction ID : 2019103119135-19

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 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 11 / 15 / 2019

Transaction ID : 2019111519215-18

Amount of Each Receipt this Period 208.00

Memo Item

C. Cruse, Tait, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt 11 / 30 / 2019

Transaction ID : 2019112719134-18

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 130 OF 798
	<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. Cruse, Tait, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt
12 / 15 / 2019
Transaction ID : 201912151995-18

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 5420 Lyndon B Johnson Fwy
2 Lincoln Centre # 1300

City Dallas State TX Zip Code 75240-6222

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 ▼ 4992.00

Date of Receipt
12 / 31 / 2019
Transaction ID : 2019123119135-18

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 707 17th St
Ste 370

City Denver State CO Zip Code 80202-3404

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 ▼ 4992.00

Date of Receipt
07 / 15 / 2019
Transaction ID : 201907151995-12

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 131 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-12
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 9FD552C2649348A5B847
 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 707 17th St Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-12
 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 132 OF 798
	<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. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St
 Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-12
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St
 Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-12
 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 707 17th St
 Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-12
 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 133 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-12
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-11
 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 707 17th St Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112719134-11
 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 134 OF 798
	<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. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St
 Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-11
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Cunningham, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 17th St
 Ste 370
 City Denver State CO Zip Code 80202-3404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-11
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dean, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 201909131995-540
 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 135 OF 798
	<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. Dean, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-540
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Dean, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-535
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-534
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 798
	<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. Dean, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-533
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Dean, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-532
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-532
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 798
	<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. Dean, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-531
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Dess, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-595
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Dess, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-594
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 798
	<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. Dess, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Cons
 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
 12 / 15 / 2019
Transaction ID : 2019121311576-594
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Dess, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Medical Cons
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-593
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 4D42926F60CB45D795D6
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-67
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-67
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-67
 Amount of Each Receipt this Period 42.00
 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 140 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 **588.00**

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-67
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 **588.00**

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-67
 Amount of Each Receipt this Period **42.00**
 Memo Item

C. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 **588.00**

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-65
 Amount of Each Receipt this Period **42.00**
 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 141 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-65
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-65
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Dinger, Derrick, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 12th Ave S
 City Fargo State ND Zip Code 58103-2313
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-65
 Amount of Each Receipt this Period
 42.00
 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 142 OF 798
	<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. Dodd, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : 201907151995-16

Amount of Each Receipt this Period
208.00

Memo Item

B. Dodd, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : 2019073119917-16

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 PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : F9E52C9ED392414E932D

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 143 OF 798
	<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. Dodd, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 201908301995-16

Amount of Each Receipt this Period
208.00

Memo Item

B. Dodd, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 2019091519174-16

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 PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019093019134-16

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 144 OF 798
	<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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A. Dodd, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 201910151995-16

Amount of Each Receipt this Period
208.00

Memo Item

B. Dodd, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019103119135-16

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 PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519215-15

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 145 OF 798
	<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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The Northwestern Mutual Life Insurance Company Federal PAC

A. Dodd, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-15

Amount of Each Receipt this Period
 208.00

Memo Item

B. Dodd, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-15

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 PO Box 471

City Syracuse	State NY	Zip Code 13214-0471
------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-15

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 146 OF 798
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	<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. Doll, Quentin, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-511
 Amount of Each Receipt this Period 9.00
 Memo Item

B. Doll, Quentin, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-510
 Amount of Each Receipt this Period 9.00
 Memo Item

C. Dorsey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-494
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 147 OF 798
	<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. Dorsey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-490
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Dorsey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-489
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Dorsey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-488
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 798
	<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. Dorsey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-487
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Dorsey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-487
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Dorsey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-486
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 798
	<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. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-17
 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 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-17
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : D4C4BE26226E4B6C913A
 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 150 OF 798
	<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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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 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-17
 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 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-17
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-17
 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 151 OF 798
	<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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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 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-17
 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 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-17
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-16
 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 152 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-16
 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 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-16
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Dugal, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Veterans Memorial Blvd
 Ste 940
 City Metairie State LA Zip Code 70005-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-16
 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 153 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-473
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-471
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-469
 Amount of Each Receipt this Period 55.00
 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 154 OF 798
	<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. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-468
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-468
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-468
 Amount of Each Receipt this Period 55.00
 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 155 OF 798
	<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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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 1320.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-464
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-463
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-462
 Amount of Each Receipt this Period 55.00
 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 156 OF 798
	<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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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 1320.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-461
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-461
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Dunn, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-460
 Amount of Each Receipt this Period 55.00
 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 157 OF 798
	<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. Eaton, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Special Sec Services Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 2019111519255-544
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Eaton, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Special Sec Services Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-543
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Eaton, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Special Sec Services Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-543
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 158 OF 798
	<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. Eaton, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Special Sec Services Cons
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-542
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-452
 Amount of Each Receipt this Period
 36.00
 Memo Item

C. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-450
 Amount of Each Receipt this Period
 36.00
 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 159 OF 798
	<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. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : 2019081519215-448
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-447
 Amount of Each Receipt this Period 36.00
 Memo Item

C. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-447
 Amount of Each Receipt this Period 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line 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 160 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-447
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-444
 Amount of Each Receipt this Period 36.00
 Memo Item

C. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-443
 Amount of Each Receipt this Period 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	108.00
TOTAL This Period (last page this line 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 161 OF 798
	<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. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-443
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-442
 Amount of Each Receipt this Period 36.00
 Memo Item

C. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-442
 Amount of Each Receipt this Period 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line 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 162 OF 798
	<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. Ekeroth, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-441
 Amount of Each Receipt this Period 36.00
 Memo Item

B. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 Jordan Creek Pkwy Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-6
 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 1245 Jordan Creek Pkwy Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-6
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 798		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1245 Jordan Creek Pkwy
Ste 200

City West Des Moines State IA Zip Code 50266-2311

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 ▼ 1008.00

Date of Receipt 08 / 15 / 2019
Transaction ID : AB31A51B6D094B7092B6

Amount of Each Receipt this Period 42.00

Memo Item

B. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1245 Jordan Creek Pkwy
Ste 200

City West Des Moines State IA Zip Code 50266-2311

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 ▼ 1008.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-6

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 1245 Jordan Creek Pkwy
Ste 200

City West Des Moines State IA Zip Code 50266-2311

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 ▼ 1008.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-6

Amount of Each Receipt this Period 42.00

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 164 OF 798
	<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. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 Jordan Creek Pkwy
 Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-6
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 Jordan Creek Pkwy
 Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-6
 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 1245 Jordan Creek Pkwy
 Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-6
 Amount of Each Receipt this Period 42.00
 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 165 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 Jordan Creek Pkwy
 Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 201911519215-5
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 Jordan Creek Pkwy
 Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-5
 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 1245 Jordan Creek Pkwy
 Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-5
 Amount of Each Receipt this Period
 42.00
 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 166 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Erhard, Keith, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 Jordan Creek Pkwy
 Ste 200
 City West Des Moines State IA Zip Code 50266-2311
 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 ▼ 1008.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-5
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-5
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-5
 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 167 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : E83AB6E589934DFA809F
 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 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-5
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-5
 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 168 OF 798
	<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. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-5
 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 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-5
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-5
 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 169 OF 798
	<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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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 950 Main Ave Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-4
 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 950 Main Ave Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-4
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Main Ave Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-4
 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 170 OF 798
	<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. Ertz, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 Main Ave
 Ste 60
 City Cleveland State OH Zip Code 44113-7201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-4
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 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
 07 / 15 / 2019
Transaction ID : 2019071319137-585
 Amount of Each Receipt this Period
 32.00
 Memo Item

C. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 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
 07 / 31 / 2019
Transaction ID : 2019073019911-581
 Amount of Each Receipt this Period
 32.00
 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 171 OF 798
	<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. Eull, Bradley, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
08		15		2019

Transaction ID : 2019081519215-579

Amount of Each Receipt this Period
32.00

Memo Item

B. Eull, Bradley, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
08		31		2019

Transaction ID : 2019083019135-578

Amount of Each Receipt this Period
32.00

Memo Item

C. Eull, Bradley, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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		2019

Transaction ID : 201909131995-578

Amount of Each Receipt this Period
32.00

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 172 OF 798
	<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. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 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 / 30 / 2019
Transaction ID : 2019092819135-578
 Amount of Each Receipt this Period
 32.00
 Memo Item

B. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 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
 10 / 15 / 2019
Transaction ID : 2019101616574-572
 Amount of Each Receipt this Period
 32.00
 Memo Item

C. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 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
 10 / 31 / 2019
Transaction ID : 2019102919135-571
 Amount of Each Receipt this Period
 32.00
 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 173 OF 798
	<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. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-570
 Amount of Each Receipt this Period 32.00
 Memo Item

B. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-569
 Amount of Each Receipt this Period 32.00
 Memo Item

C. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-569
 Amount of Each Receipt this Period 32.00
 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 174 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Eull, Bradley, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-568
 Amount of Each Receipt this Period
 32.00
 Memo Item

B. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 38D4943762C0415A8D05
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-57
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.00
TOTAL This Period (last page this line 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 175 OF 798
	<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. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 2019091519174-57
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019093019134-57
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 201910151995-57
 Amount of Each Receipt this Period 42.00
 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 176 OF 798
	<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. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-57
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-55
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-55
 Amount of Each Receipt this Period
 42.00
 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 177 OF 798
	<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. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-55
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Fleisner, Corey, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4620 N Ballard Rd
 City Appleton State WI Zip Code 54913-8947
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-55
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Flesch, Daniel, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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
 11 / 15 / 2019
Transaction ID : 2019111519255-647
 Amount of Each Receipt this Period
 10.00
 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 178 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Flesch, Daniel, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (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
11	/	30	/	2019

Transaction ID : 2019112819134-646

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (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
12	/	15	/	2019

Transaction ID : 2019121311576-646

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (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
12	/	31	/	2019

Transaction ID : 2019123119175-645

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 179 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 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
 07 / 15 / 2019
Transaction ID : 2019071319137-449
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 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
 07 / 31 / 2019
Transaction ID : 2019073019911-447
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 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
 08 / 15 / 2019
Transaction ID : 2019081519215-445
 Amount of Each Receipt this Period
 30.00
 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 180 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-444
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-444
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-444
 Amount of Each Receipt this Period 30.00
 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 181 OF 798
	<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. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-441
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-440
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-440
 Amount of Each Receipt this Period 30.00
 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 182 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 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
 11 / 30 / 2019
Transaction ID : 2019112819134-439
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 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
 12 / 15 / 2019
Transaction ID : 2019121311576-439
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Fradin, Gerald, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Era-Internal Audit
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-438
 Amount of Each Receipt this Period
 30.00
 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 183 OF 798
	<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. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-31
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-31
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 6B61FC81323B4A0E957C
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 798
	<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. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-31
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-31
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-31
 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 185 OF 798
	<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. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-31
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-31
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 ▼ 1838.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-30
 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 186 OF 798
	<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. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 1838.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-30
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 1838.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-30
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Franczyk, Lance, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 S Denver Ave
 Ste 50
 City Tulsa State OK Zip Code 74103-3229
 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 1838.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119135-30
 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 187 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-791
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-787
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-784
 Amount of Each Receipt this Period 24.00
 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 188 OF 798
	<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. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-782
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-782
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-782
 Amount of Each Receipt this Period 24.00
 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 189 OF 798
	<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. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-776
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-774
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-773
 Amount of Each Receipt this Period 24.00
 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: PAGE 190 OF 798
(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. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-772
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-772
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Frankl, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Sales Integration Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-771
 Amount of Each Receipt this Period 24.00
 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 191 OF 798
	<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. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-4
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-4
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : B6FC101DE604499BADF7
 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 192 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-4
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-4
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-4
 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 193 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-4
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-4
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-3
 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 194 OF 798
	<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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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 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-3
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-3
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Frieling, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 William St
 Ste 10
 City Wellesley Hills State MA Zip Code 02481-4003
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-3
 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 195 OF 798
	<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. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-388
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-386
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-385
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 798
	<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. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-384
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-384
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-384
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 798
	<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. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-381
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-380
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-380
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-379
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 2019121311576-379
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Gahan, Christopher, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-378
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Gavin, Sheila, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-775
 Amount of Each Receipt this Period
 23.00
 Memo Item

B. Gavin, Sheila, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-771
 Amount of Each Receipt this Period
 23.00
 Memo Item

C. Gavin, Sheila, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-768
 Amount of Each Receipt this Period
 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 798
	<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. Gavin, Sheila, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-766
 Amount of Each Receipt this Period 23.00
 Memo Item

B. Gavin, Sheila, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-766
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Gavin, Sheila, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-766
 Amount of Each Receipt this Period 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 OF 798 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gavin, Sheila, M, ,			Date of Receipt
Mailing Address 720 E Wisconsin Ave			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Milwaukee	State WI	Zip Code 53202-4703	Transaction ID : 2019101616574-760
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="23.00"/>
Name of Employer (for Individual) NML		Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gavin, Sheila, M, ,			Date of Receipt
Mailing Address 720 E Wisconsin Ave			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2019"/>
City Milwaukee	State WI	Zip Code 53202-4703	Transaction ID : 2019102919135-758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="23.00"/>
Name of Employer (for Individual) NML		Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gavin, Sheila, M, ,			Date of Receipt
Mailing Address 720 E Wisconsin Ave			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Milwaukee	State WI	Zip Code 53202-4703	Transaction ID : 2019111519255-757
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="23.00"/>
Name of Employer (for Individual) NML		Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="69.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 798
	<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. Gavin, Sheila, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-756

Amount of Each Receipt this Period
23.00

Memo Item

B. Gavin, Sheila, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-756

Amount of Each Receipt this Period
23.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-755

Amount of Each Receipt this Period
23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 798
	<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. Gawart, Chris, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp General Counsel
------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1392.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : 2019071319137-479

Amount of Each Receipt this Period
65.00

Memo Item

B. Gawart, Chris, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp General Counsel
------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1392.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : 2019073019911-477

Amount of Each Receipt this Period
65.00

Memo Item

C. Gawart, Chris, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp General Counsel
------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1392.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : 2019081519215-475

Amount of Each Receipt this Period
65.00

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 204 OF 798
	<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. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-474
 Amount of Each Receipt this Period 65.00
 Memo Item

B. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-474
 Amount of Each Receipt this Period 65.00
 Memo Item

C. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-474
 Amount of Each Receipt this Period 65.00
 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 205 OF 798
	<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. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-470
 Amount of Each Receipt this Period 65.00
 Memo Item

B. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-469
 Amount of Each Receipt this Period 65.00
 Memo Item

C. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-468
 Amount of Each Receipt this Period 65.00
 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 206 OF 798
	<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. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-467
 Amount of Each Receipt this Period
 65.00
 Memo Item

B. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-467
 Amount of Each Receipt this Period
 65.00
 Memo Item

C. Gawart, Chris, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-466
 Amount of Each Receipt this Period
 65.00
 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 207 OF 798
	<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. Gebauer, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-544
 Amount of Each Receipt this Period 9.00
 Memo Item

B. Gebauer, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-543
 Amount of Each Receipt this Period 9.00
 Memo Item

C. Gehrke, Don, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Inv Client Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-584
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 28.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 798
	<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. Gehrke, Don, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Inv Client Svcs
------------------------------------------	---------------------------------------------------

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
11	/	30	/	2019

Transaction ID : 2019112819134-583

Amount of Each Receipt this Period
10.00

Memo Item

B. Gehrke, Don, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Inv Client Svcs
------------------------------------------	---------------------------------------------------

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
12	/	15	/	2019

Transaction ID : 2019121311576-583

Amount of Each Receipt this Period
10.00

Memo Item

C. Gehrke, Don, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Inv Client Svcs
------------------------------------------	---------------------------------------------------

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
12	/	31	/	2019

Transaction ID : 2019123119175-582

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 209 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-469
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-467
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-465
 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 210 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-464
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-464
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-464
 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 211 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-460
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-459
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-458
 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 212 OF 798
	<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. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-457
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-457
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Gerend, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Distribution Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4128.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-456
 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 213 OF 798
	<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. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-55
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-55
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 4B0780B288D04E8F897A
 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 214 OF 798
	<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. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Legion Pl
Ste 140

City Orlando State FL Zip Code 32801-1058

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 ▼ 3000.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 201908301995-55

Amount of Each Receipt this Period
 125.00

Memo Item

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

Mailing Address 1000 Legion Pl
Ste 140

City Orlando State FL Zip Code 32801-1058

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 ▼ 3000.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 2019091519174-55

Amount of Each Receipt this Period
 125.00

Memo Item

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

Mailing Address 1000 Legion Pl
Ste 140

City Orlando State FL Zip Code 32801-1058

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 ▼ 3000.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019093019134-55

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 215 OF 798
	<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. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 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 3000.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-55
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 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 3000.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-55
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Goes, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Legion Pl
 Ste 140
 City Orlando State FL Zip Code 32801-1058
 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 3000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-53
 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: PAGE 216 OF 798 (check only one)								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> 11a</td> <td style="text-align: center;"><input type="checkbox"/> 11b</td> <td style="text-align: center;"><input type="checkbox"/> 11c</td> <td style="text-align: center;"><input type="checkbox"/> 12</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 13</td> <td style="text-align: center;"><input type="checkbox"/> 14</td> <td style="text-align: center;"><input type="checkbox"/> 15</td> <td style="text-align: center;"><input type="checkbox"/> 16 <input type="checkbox"/> 17</td> </tr> </table>	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Goes, Thomas, J, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2019 Transaction ID : 2019112719134-53		
Mailing Address 1000 Legion Pl Ste 140			Amount of Each Receipt this Period 125.00		
City Orlando		State FL			
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goes, Thomas, J, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2019 Transaction ID : 201912151995-53		
Mailing Address 1000 Legion Pl Ste 140			Amount of Each Receipt this Period 125.00		
City Orlando		State FL			
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Goes, Thomas, J, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019 Transaction ID : 2019123119135-53		
Mailing Address 1000 Legion Pl Ste 140			Amount of Each Receipt this Period 125.00		
City Orlando		State FL			
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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 217 OF 798
	<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. Goris, Tom, , , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019

Transaction ID : 201907151995-14

Amount of Each Receipt this Period 208.00

Memo Item

B. Goris, Tom, , , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt 07 / 31 / 2019

Transaction ID : 2019073119917-14

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 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019

Transaction ID : 78FBA2C439214F12AB23

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 218 OF 798
	<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. Goris, Tom, , , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019

Transaction ID : 201908301995-14

Amount of Each Receipt this Period 208.00

Memo Item

B. Goris, Tom, , , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019

Transaction ID : 2019091519174-14

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 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt 09 / 30 / 2019

Transaction ID : 2019093019134-14

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 219 OF 798
	<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. Goris, Tom, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 Old Orchard Rd
 Ste 1200
 City Skokie State IL Zip Code 60077-1088
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-14
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Goris, Tom, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 Old Orchard Rd
 Ste 1200
 City Skokie State IL Zip Code 60077-1088
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-14
 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 5215 Old Orchard Rd
 Ste 1200
 City Skokie State IL Zip Code 60077-1088
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-13
 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 220 OF 798
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Goris, Tom, , , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**

Transaction ID : 2019112719134-13

Amount of Each Receipt this Period 208.00

Memo Item

B. Goris, Tom, , , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt **12 / 15 / 2019**

Transaction ID : 201912151995-13

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 5215 Old Orchard Rd
Ste 1200

City Skokie State IL Zip Code 60077-1088

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 ▼ 4992.00

Date of Receipt **12 / 31 / 2019**

Transaction ID : 2019123119135-13

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 221 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-819
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-815
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gouverneur, Karl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-812
 Amount of Each Receipt this Period 20.00
 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 222 OF 798
	<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. Gouverneur, Karl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-810
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-810
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gouverneur, Karl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-810
 Amount of Each Receipt this Period 20.00
 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 223 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Gouverneur, Karl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-804
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-802
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gouverneur, Karl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-801
 Amount of Each Receipt this Period 20.00
 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 224 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-800
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-800
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gouverneur, Karl, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-799
 Amount of Each Receipt this Period 20.00
 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 225 OF 798
	<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. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-69

Amount of Each Receipt this Period 125.00

Memo Item

B. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-69

Amount of Each Receipt this Period 125.00

Memo Item

C. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 757CD0280CD140CC86F3

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 226 OF 798
	<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. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-70

Amount of Each Receipt this Period 125.00

Memo Item

B. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-70

Amount of Each Receipt this Period 125.00

Memo Item

C. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-70

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 227 OF 798
	<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. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-70

Amount of Each Receipt this Period 125.00

Memo Item

B. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-70

Amount of Each Receipt this Period 125.00

Memo Item

C. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-68

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 228 OF 798
	<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. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-68

Amount of Each Receipt this Period
 125.00

Memo Item

B. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-68

Amount of Each Receipt this Period
 125.00

Memo Item

C. Grabner, Todd, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 E Broadway
Ste 140

City Salt Lake City State UT Zip Code 84111-5225

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 ▼ 3000.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119135-68

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 229 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : 2019081519215-412
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-411
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-411
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 230 OF 798
(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. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-411
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-408
 Amount of Each Receipt this Period
 14.00
 Memo Item

C. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-407
 Amount of Each Receipt this Period
 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 798
	<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. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-407
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-406
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-406
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Green, Leonard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Dist Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-405
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-760
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-756
 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 233 OF 798
	<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. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-753
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-751
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-751
 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 234 OF 798
	<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. Grogan, John, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Chief Product & Innovati
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-751

Amount of Each Receipt this Period
208.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Chief Product & Innovati
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-745

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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Chief Product & Innovati
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-743

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 235 OF 798
	<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. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-742
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-741
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-741
 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 236 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Grogan, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Chief Product & Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-740
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-32
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-32
 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 237 OF 798
	<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. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 81D7C31E6521441F9A3F
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-32
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-32
 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 238 OF 798
	<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. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-32
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-32
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-32
 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 239 OF 798
	<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 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-31
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-31
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-31
 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 240 OF 798
	<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. Gross, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7733 Forsyth Blvd
 Ste 1000
 City Saint Louis State MO Zip Code 63105-1808
 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 ▼ 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-31
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-483
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-481
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	388.00
TOTAL This Period (last page this line 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 241 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-479
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-478
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-478
 Amount of Each Receipt this Period 90.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Guay, Thomas, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Risk Selection Strat
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2136.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-478

Amount of Each Receipt this Period
90.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Risk Selection Strat
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2136.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-474

Amount of Each Receipt this Period
90.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Risk Selection Strat
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2136.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-473

Amount of Each Receipt this Period
90.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-472
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-471
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Guay, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2136.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-471
 Amount of Each Receipt this Period 90.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 2136.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-470
 Amount of Each Receipt this Period
 90.00
 Memo Item

B. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Continental Dr Ste 695
 City King Of Prussia State PA Zip Code 19406-0076
 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 ▼ 2170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-26
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Continental Dr Ste 695
 City King Of Prussia State PA Zip Code 19406-0076
 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 ▼ 2170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-26
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line 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 245 OF 798
	<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. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Continental Dr
 Ste 695
 City King Of Prussia State PA Zip Code 19406-0076
 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 ▼ 2170.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 8FD7221F4C0C4322BA9C
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Continental Dr
 Ste 695
 City King Of Prussia State PA Zip Code 19406-0076
 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 ▼ 2170.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-26
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Continental Dr
 Ste 695
 City King Of Prussia State PA Zip Code 19406-0076
 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 ▼ 2170.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-26
 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 246 OF 798
	<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. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Continental Dr
Ste 695

City King Of Prussia State PA Zip Code 19406-0076

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 ▼ 2170.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-26

Amount of Each Receipt this Period 125.00

Memo Item

B. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Continental Dr
Ste 695

City King Of Prussia State PA Zip Code 19406-0076

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 ▼ 2170.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-26

Amount of Each Receipt this Period 125.00

Memo Item

C. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Continental Dr
Ste 695

City King Of Prussia State PA Zip Code 19406-0076

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 ▼ 2170.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-26

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 247 OF 798
	<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. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Continental Dr
Ste 695

City King Of Prussia State PA Zip Code 19406-0076

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 ▼ 2170.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519215-25

Amount of Each Receipt this Period
 125.00

Memo Item

B. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Continental Dr
Ste 695

City King Of Prussia State PA Zip Code 19406-0076

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 ▼ 2170.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-25

Amount of Each Receipt this Period
 125.00

Memo Item

C. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Continental Dr
Ste 695

City King Of Prussia State PA Zip Code 19406-0076

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 ▼ 2170.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-25

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 248 OF 798
	<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. Guinan, Stephen, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Continental Dr
 Ste 695
 City King Of Prussia State PA Zip Code 19406-0076
 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 ▼ 2170.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-25
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Gurin, Oleg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Inv Perf&Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-565
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Gurin, Oleg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Inv Perf&Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-564
 Amount of Each Receipt this Period 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.00
TOTAL This Period (last page this line 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 249 OF 798
	<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. Gurin, Oleg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Inv Perf&Analytics
------------------------------------------	----------------------------------------------------------

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		2019

Transaction ID : 201909131995-564

Amount of Each Receipt this Period
23.00

Memo Item

B. Gurin, Oleg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Inv Perf&Analytics
------------------------------------------	----------------------------------------------------------

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		2019

Transaction ID : 2019092819135-564

Amount of Each Receipt this Period
23.00

Memo Item

C. Gurin, Oleg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Inv Perf&Analytics
------------------------------------------	----------------------------------------------------------

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
10		15		2019

Transaction ID : 2019101616574-559

Amount of Each Receipt this Period
23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 798
	<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 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Inv Perf&Analytics
------------------------------------------	----------------------------------------------------------

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
10		31		2019

Transaction ID : 2019102919135-558

Amount of Each Receipt this Period
23.00

Memo Item

B. Gurin, Oleg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Inv Perf&Analytics
------------------------------------------	----------------------------------------------------------

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
11		15		2019

Transaction ID : 2019111519255-557

Amount of Each Receipt this Period
23.00

Memo Item

C. Gurin, Oleg, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 611 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4695
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Inv Perf&Analytics
------------------------------------------	----------------------------------------------------------

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
11		30		2019

Transaction ID : 2019112819134-556

Amount of Each Receipt this Period
23.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 798
	<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 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Inv Perf&Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-556
 Amount of Each Receipt this Period 23.00
 Memo Item

B. Gurin, Oleg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Inv Perf&Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-555
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Handal, Jason, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-543
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 798
	<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. Handal, Jason, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-543

Amount of Each Receipt this Period
12.50

Memo Item

B. Handal, Jason, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-538

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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-537

Amount of Each Receipt this Period
12.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 798
	<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. Handal, Jason, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-536
 Amount of Each Receipt this Period 12.50
 Memo Item

B. Handal, Jason, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-535
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-535
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 798
	<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. Handal, Jason, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-534
 Amount of Each Receipt this Period
 12.50
 Memo Item

B. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing 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
 07 / 15 / 2019
Transaction ID : 2019071319137-784
 Amount of Each Receipt this Period
 24.00
 Memo Item

C. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-28
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 798
	<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. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pincroft Way
 Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-28
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing 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
 07 / 31 / 2019
Transaction ID : 2019073019911-780
 Amount of Each Receipt this Period
 24.00
 Memo Item

C. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing 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
 08 / 15 / 2019
Transaction ID : 2019081519215-777
 Amount of Each Receipt this Period
 24.00
 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 256 OF 798
	<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. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way
 Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 9698987B0C99473FBE99
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way
 Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-28
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-775
 Amount of Each Receipt this Period 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 257 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-775
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pincroft Way Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-28
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pincroft Way Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-28
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line 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 258 OF 798
	<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. Hanson, Paul, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Managing 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		2019

Transaction ID : 2019092819135-775

Amount of Each Receipt this Period
24.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Managing 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
10		15		2019

Transaction ID : 2019101616574-769

Amount of Each Receipt this Period
24.00

Memo Item

C. Hanson, Paul, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12939 E Pinecroft Way
Ste 200

City Spokane Valley	State WA	Zip Code 99216-6027
------------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 201910151995-28

Amount of Each Receipt this Period
42.00

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:	PAGE 259 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way
 Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-28
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-767
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-766
 Amount of Each Receipt this Period 24.00
 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 260 OF 798
	<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. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way
 Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-27
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way
 Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-27
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing 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
 11 / 30 / 2019
Transaction ID : 2019112819134-765
 Amount of Each Receipt this Period
 24.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	108.00
TOTAL This Period (last page this line 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 261 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing 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
 12 / 15 / 2019
Transaction ID : 2019121311576-765
 Amount of Each Receipt this Period
 24.00
 Memo Item

B. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-27
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Hanson, Paul, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12939 E Pinecroft Way Ste 200
 City Spokane Valley State WA Zip Code 99216-6027
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-27
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line 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 262 OF 798
	<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. Hanson, Paul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing 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
 12 / 31 / 2019
Transaction ID : 2019123119175-764
 Amount of Each Receipt this Period
 24.00
 Memo Item

B. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-482
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-480
 Amount of Each Receipt this Period
 18.00
 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 263 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-479
 Amount of Each Receipt this Period
 18.00
 Memo Item

B. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 201909131995-479
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-479
 Amount of Each Receipt this Period
 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 264 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-475
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-474
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-473
 Amount of Each Receipt this Period 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-472
 Amount of Each Receipt this Period
 18.00
 Memo Item

B. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-472
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Hanus, Kevin, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director Restaurant Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-471
 Amount of Each Receipt this Period
 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-761
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-757
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-754
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 267 OF 798
	<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. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-752
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-752
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-752
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 268 OF 798
	<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. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-746
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-744
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Heidenreich, Wayne, F, , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-743
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 269 OF 798
	<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. Heidenreich, Wayne, F, , md

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
11	/	30	/	2019

Transaction ID : 2019112819134-742

Amount of Each Receipt this Period

10.00

 Memo Item

B. Heidenreich, Wayne, F, , md

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
12	/	15	/	2019

Transaction ID : 2019121311576-742

Amount of Each Receipt this Period

10.00

 Memo Item

C. Heidenreich, Wayne, F, , md

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
12	/	31	/	2019

Transaction ID : 2019123119175-741

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 270 OF 798
	<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. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130
 City Lake Elmo State MN Zip Code 55121-0309
 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 ▼ 588.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 06E1ACC30E434800B1EE
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130
 City Lake Elmo State MN Zip Code 55121-0309
 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 ▼ 588.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-45
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130
 City Lake Elmo State MN Zip Code 55121-0309
 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 ▼ 588.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-45
 Amount of Each Receipt this Period 42.00
 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 271 OF 798
	<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. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130

City Lake Elmo	State MN	Zip Code 55121-0309
-------------------	-------------	------------------------

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 ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-45

Amount of Each Receipt this Period
 42.00

Memo Item

B. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130

City Lake Elmo	State MN	Zip Code 55121-0309
-------------------	-------------	------------------------

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 ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-45

Amount of Each Receipt this Period
 42.00

Memo Item

C. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130

City Lake Elmo	State MN	Zip Code 55121-0309
-------------------	-------------	------------------------

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 ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-45

Amount of Each Receipt this Period
 42.00

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 272 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130

City Lake Elmo	State MN	Zip Code 55121-0309
-------------------	-------------	------------------------

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 ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-44

Amount of Each Receipt this Period
 42.00

Memo Item

B. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130

City Lake Elmo	State MN	Zip Code 55121-0309
-------------------	-------------	------------------------

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 ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-44

Amount of Each Receipt this Period
 42.00

Memo Item

C. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130

City Lake Elmo	State MN	Zip Code 55121-0309
-------------------	-------------	------------------------

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 ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-44

Amount of Each Receipt this Period
 42.00

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 273 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Hellyer, B J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2130
 City Lake Elmo State MN Zip Code 55121-0309
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-44
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 Emerson Rd Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-44
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 Emerson Rd Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-44
 Amount of Each Receipt this Period
 125.00
 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 274 OF 798
	<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. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 Emerson Rd
 Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 611B77907DF3485DA3DB
 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 622 Emerson Rd
 Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-44
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 Emerson Rd
 Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-44
 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 275 OF 798
	<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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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 622 Emerson Rd
 Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-44
 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 622 Emerson Rd
 Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-44
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 Emerson Rd
 Ste 40
 City Saint Louis State MO Zip Code 63141-6727
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-44
 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 276 OF 798
	<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. Hempstead, Gerard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 622 Emerson Rd
Ste 40

City Saint Louis State MO Zip Code 63141-6727

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 ▼ 3000.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 2019111519215-43

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 622 Emerson Rd
Ste 40

City Saint Louis State MO Zip Code 63141-6727

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 ▼ 3000.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-43

Amount of Each Receipt this Period
 125.00

Memo Item

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

Mailing Address 622 Emerson Rd
Ste 40

City Saint Louis State MO Zip Code 63141-6727

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 ▼ 3000.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-43

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 277 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 622 Emerson Rd
Ste 40

City Saint Louis State MO Zip Code 63141-6727

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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-43

Amount of Each Receipt this Period
 125.00

Memo Item

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

Mailing Address 611 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4695

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

Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Qualified Programs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-701

Amount of Each Receipt this Period
 11.00

Memo Item

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

Mailing Address 611 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4695

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

Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Qualified Programs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-700

Amount of Each Receipt this Period
 11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Hendricks, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Qualified Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-699
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Hendricks, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Qualified Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-698
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Hendricks, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Qualified Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-698
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Hendricks, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Qualified Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-697
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Henning, William Bria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comp Intel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-452
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Henning, William Bria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comp Intel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-451
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.00
TOTAL This Period (last page this line 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 280 OF 798
	<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. Henning, William Bria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comp Intel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-451
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Henning, William Bria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comp Intel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-450
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-25
 Amount of Each Receipt this Period 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-25
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 96A66F2953A94639B9E8
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-25
 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 282 OF 798
	<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 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-25
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-25
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-25
 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 283 OF 798
	<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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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 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 4992.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-25
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-24
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112719134-24
 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 284 OF 798
	<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 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-24
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Heurung, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S 6th St
 Ste 290
 City Minneapolis State MN Zip Code 55402-4665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-24
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Hick, Laila, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-753
 Amount of Each Receipt this Period
 20.00
 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 285 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Hick, Laila, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-749
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-747
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hick, Laila, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-745
 Amount of Each Receipt this Period 20.00
 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 286 OF 798
	<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. Hick, Laila, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-745
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-745
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hick, Laila, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-739
 Amount of Each Receipt this Period 20.00
 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 287 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hick, Laila, V, ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>31</td> <td></td> <td>2019</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		31		2019
M M M	/	D D D	/	Y Y Y Y Y Y								
10		31		2019								
Mailing Address 720 E Wisconsin Ave		Transaction ID : 2019102919135-737										
City Milwaukee	State WI	Zip Code 53202-4703										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Transformation	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hick, Laila, V, ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>15</td> <td></td> <td>2019</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		15		2019
M M M	/	D D D	/	Y Y Y Y Y Y								
11		15		2019								
Mailing Address 720 E Wisconsin Ave		Transaction ID : 2019111519255-736										
City Milwaukee	State WI	Zip Code 53202-4703										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Transformation	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hick, Laila, V, ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2019</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		30		2019
M M M	/	D D D	/	Y Y Y Y Y Y								
11		30		2019								
Mailing Address 720 E Wisconsin Ave		Transaction ID : 2019112819134-735										
City Milwaukee	State WI	Zip Code 53202-4703										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Transformation	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 480.00											

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 798
	<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. Hick, Laila, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-735
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-734
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hinze, Michelle, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Acctg Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-650
 Amount of Each Receipt this Period 9.00
 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 289 OF 798
	<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. Hinze, Michelle, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Acctg Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-649
 Amount of Each Receipt this Period 9.00
 Memo Item

B. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-1
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-1
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	259.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 798
	<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, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : FC86A5153E0241A5B8AE
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 201908301995-1
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 2019091519174-1
 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 291 OF 798
	<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, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-1
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-1
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-1
 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 292 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-1
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-1
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-1
 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: PAGE 293 OF 798
(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. Holleran, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195
 City Convent Station State NJ Zip Code 07961-0195
 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-1
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Holmes, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 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
 11 / 15 / 2019
Transaction ID : 2019111519255-428
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Holmes, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 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
 11 / 30 / 2019
Transaction ID : 2019112819134-427
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 798
	<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. Holmes, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 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
 12 / 15 / 2019
Transaction ID : 2019121311576-427
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Holmes, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-426
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-35
 Amount of Each Receipt this Period
 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 798
	<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. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-35
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2BFC9984E6A04BB69189
 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 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-35
 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 296 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-35
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-35
 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 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-35
 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 297 OF 798
	<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. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-35
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-34
 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 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-34
 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 298 OF 798
	<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. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Holter, Steve, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Wisconsin Ave
 Ste 2300
 City Milwaukee State WI Zip Code 53202-4169
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 201909131995-443
 Amount of Each Receipt this Period
 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 299 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-443
 Amount of Each Receipt this Period
 18.00
 Memo Item

B. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-440
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-439
 Amount of Each Receipt this Period
 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 798
	<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. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-439
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-438
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-438
 Amount of Each Receipt this Period 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 798
	<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. Hoylman, Elizabeth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Corp Reputation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-437
 Amount of Each Receipt this Period
 18.00
 Memo Item

B. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St Ste 2500
 City Baltimore State MD Zip Code 21202-6104
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-9
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St Ste 2500
 City Baltimore State MD Zip Code 21202-6104
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-9
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 Ste 2500
 City Baltimore State MD Zip Code 21202-6104
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 92F66630CB894EDA8D32
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 Ste 2500
 City Baltimore State MD Zip Code 21202-6104
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-9
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 Ste 2500
 City Baltimore State MD Zip Code 21202-6104
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-9
 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 303 OF 798
	<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. Iodice, Scott, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S Calvert St
Ste 2500

City Baltimore State MD Zip Code 21202-6104

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 ▼ 4992.00

Date of Receipt 09 / 30 / 2019

Transaction ID : 2019093019134-9

Amount of Each Receipt this Period 208.00

Memo Item

B. Iodice, Scott, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S Calvert St
Ste 2500

City Baltimore State MD Zip Code 21202-6104

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 ▼ 4992.00

Date of Receipt 10 / 15 / 2019

Transaction ID : 201910151995-9

Amount of Each Receipt this Period 208.00

Memo Item

C. Iodice, Scott, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S Calvert St
Ste 2500

City Baltimore State MD Zip Code 21202-6104

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 ▼ 4992.00

Date of Receipt 10 / 31 / 2019

Transaction ID : 2019103119135-9

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 304 OF 798
	<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. Iodice, Scott, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S Calvert St
Ste 2500

City Baltimore State MD Zip Code 21202-6104

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 ▼ 4992.00

Date of Receipt 11 / 15 / 2019

Transaction ID : 2019111519215-8

Amount of Each Receipt this Period 208.00

Memo Item

B. Iodice, Scott, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S Calvert St
Ste 2500

City Baltimore State MD Zip Code 21202-6104

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 ▼ 4992.00

Date of Receipt 11 / 30 / 2019

Transaction ID : 2019112719134-8

Amount of Each Receipt this Period 208.00

Memo Item

C. Iodice, Scott, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 S Calvert St
Ste 2500

City Baltimore State MD Zip Code 21202-6104

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 ▼ 4992.00

Date of Receipt 12 / 15 / 2019

Transaction ID : 201912151995-8

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 305 OF 798
	<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. Iodice, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 Ste 2500
 City Baltimore State MD Zip Code 21202-6104
 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 ▼ 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-8
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Jahn, Peter, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-396
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Jahn, Peter, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-395
 Amount of Each Receipt this Period 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 798
	<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. Jahn, Peter, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-395
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Jahn, Peter, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-394
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-678
 Amount of Each Receipt this Period 38.00
 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 307 OF 798
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jahnke, Nicholas, E, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : 2019073019911-674

Amount of Each Receipt this Period
38.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jahnke, Nicholas, E, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : 2019081519215-672

Amount of Each Receipt this Period
38.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jahnke, Nicholas, E, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 2019083019135-670

Amount of Each Receipt this Period
38.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 798
	<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. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-670
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-670
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-664
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 900.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-663
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-662
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-661
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-661
 Amount of Each Receipt this Period
 38.00
 Memo Item

B. Jahnke, Nicholas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-660
 Amount of Each Receipt this Period
 38.00
 Memo Item

C. Jessup, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 07 / 15 / 2019
Transaction ID : 2019071319137-489
 Amount of Each Receipt this Period
 13.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 798
	<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. Jessup, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
07		31		2019

Transaction ID : 2019073019911-487

Amount of Each Receipt this Period
13.00

Memo Item

B. Jessup, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
08		15		2019

Transaction ID : 2019081519215-485

Amount of Each Receipt this Period
13.00

Memo Item

C. Jessup, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
08		31		2019

Transaction ID : 2019083019135-484

Amount of Each Receipt this Period
13.00

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 312 OF 798
	<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. Jessup, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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 / 2019
Transaction ID : 201909131995-484
 Amount of Each Receipt this Period
 13.00
 Memo Item

B. Jessup, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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 / 2019
Transaction ID : 2019092819135-484
 Amount of Each Receipt this Period
 13.00
 Memo Item

C. Jessup, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 10 / 15 / 2019
Transaction ID : 2019101616574-480
 Amount of Each Receipt this Period
 13.00
 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 313 OF 798
	<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. Jessup, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
10		31		2019

Transaction ID : 2019102919135-479

Amount of Each Receipt this Period
13.00

Memo Item

B. Jessup, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
11		15		2019

Transaction ID : 2019111519255-478

Amount of Each Receipt this Period
13.00

Memo Item

C. Jessup, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
11		30		2019

Transaction ID : 2019112819134-477

Amount of Each Receipt this Period
13.00

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 314 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 12 / 15 / 2019
Transaction ID : 2019121311576-477
 Amount of Each Receipt this Period
 13.00
 Memo Item

B. Jessup, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-476
 Amount of Each Receipt this Period
 13.00
 Memo Item

C. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-398
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 798
	<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. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-396
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-395
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-394
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line 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 316 OF 798
	<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. Joelson, Ronald, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Cio
------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-394

Amount of Each Receipt this Period
200.00

Memo Item

B. Joelson, Ronald, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Cio
------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-394

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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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 ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-391

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line 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 317 OF 798
	<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. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-390
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-390
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 4800.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-389
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line 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 318 OF 798
	<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. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-389
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Joelson, Ronald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-388
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Johnson, Robert James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-467
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	410.00
TOTAL This Period (last page this line 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 319 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Robert James, , ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp, Compliance
------------------------------------------	-----------------------------------------------

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
11	/	30	/	2019

Transaction ID : 2019112819134-466

Amount of Each Receipt this Period
10.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Robert James, , ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp, Compliance
------------------------------------------	-----------------------------------------------

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
12	/	15	/	2019

Transaction ID : 2019121311576-466

Amount of Each Receipt this Period
10.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Robert James, , ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp, Compliance
------------------------------------------	-----------------------------------------------

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
12	/	31	/	2019

Transaction ID : 2019123119175-465

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 320 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-588
 Amount of Each Receipt this Period
 107.00
 Memo Item

B. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-584
 Amount of Each Receipt this Period
 107.00
 Memo Item

C. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-582
 Amount of Each Receipt this Period
 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.00
TOTAL This Period (last page this line 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 321 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-581
 Amount of Each Receipt this Period 107.00
 Memo Item

B. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-581
 Amount of Each Receipt this Period 107.00
 Memo Item

C. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-581
 Amount of Each Receipt this Period 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.00
TOTAL This Period (last page this line 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 322 OF 798
	<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. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-575
 Amount of Each Receipt this Period
 107.00
 Memo Item

B. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-574
 Amount of Each Receipt this Period
 107.00
 Memo Item

C. Jones, Todd, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President And Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519255-573
 Amount of Each Receipt this Period
 107.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.00
TOTAL This Period (last page this line 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 323 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Jones, Todd, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vice President And Controller
------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-572

Amount of Each Receipt this Period
107.00

Memo Item

B. Jones, Todd, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vice President And Controller
------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-572

Amount of Each Receipt this Period
107.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vice President And Controller
------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-571

Amount of Each Receipt this Period
107.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	321.00
TOTAL This Period (last page this line 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 324 OF 798
	<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. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N Cascade Ave
 Ste 90
 City Colorado Springs State CO Zip Code 80903-1620
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-63
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N Cascade Ave
 Ste 90
 City Colorado Springs State CO Zip Code 80903-1620
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-63
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N Cascade Ave
 Ste 90
 City Colorado Springs State CO Zip Code 80903-1620
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-61
 Amount of Each Receipt this Period
 42.00
 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 325 OF 798
	<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. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N Cascade Ave
 Ste 90
 City Colorado Springs State CO Zip Code 80903-1620
 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 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-61
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N Cascade Ave
 Ste 90
 City Colorado Springs State CO Zip Code 80903-1620
 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 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-61
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Kaveney, Kevin, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N Cascade Ave
 Ste 90
 City Colorado Springs State CO Zip Code 80903-1620
 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 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-61
 Amount of Each Receipt this Period
 42.00
 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 326 OF 798
	<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. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-51
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-51
 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 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 968181BC2E7F4705815C
 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 327 OF 798
	<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. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-51
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-51
 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 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-51
 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 328 OF 798
	<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. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-51
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-51
 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 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-50
 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 329 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-50
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Kelley, Shawn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-50
 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 3805 Edwards Rd
 Ste 20
 City Cincinnati State OH Zip Code 45209-1900
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-50
 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 330 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 ▼ 1008.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-47
 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 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 ▼ 1008.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-47
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 ▼ 1008.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 5A74BA7941744EBB866D
 Amount of Each Receipt this Period 42.00
 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 331 OF 798
	<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. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 **1008.00**

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-47
 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 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 **1008.00**

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-47
 Amount of Each Receipt this Period **42.00**
 Memo Item

C. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 **1008.00**

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-47
 Amount of Each Receipt this Period **42.00**
 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 332 OF 798
	<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. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-47
 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 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-47
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Kemelgor, Troy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Yard St
 Ste 30
 City Columbus State OH Zip Code 43212-3868
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-46
 Amount of Each Receipt this Period
 42.00
 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 333 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Kemelgor, Troy, B, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Yard St
Ste 30

City Columbus State OH Zip Code 43212-3868

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 ▼ 1008.00

Date of Receipt 11 / 30 / 2019

Transaction ID : 2019112719134-46

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 800 Yard St
Ste 30

City Columbus State OH Zip Code 43212-3868

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 ▼ 1008.00

Date of Receipt 12 / 15 / 2019

Transaction ID : 201912151995-46

Amount of Each Receipt this Period 42.00

Memo Item

C. Kemelgor, Troy, B, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Yard St
Ste 30

City Columbus State OH Zip Code 43212-3868

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 ▼ 1008.00

Date of Receipt 12 / 31 / 2019

Transaction ID : 2019123119135-46

Amount of Each Receipt this Period 42.00

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 334 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-410
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-408
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-407
 Amount of Each Receipt this Period 20.00
 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 335 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-406
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-406
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-406
 Amount of Each Receipt this Period 20.00
 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 336 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-403
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-402
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-402
 Amount of Each Receipt this Period 20.00
 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 337 OF 798
	<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. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-401
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-401
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Kendler, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Art Of The Sale
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-400
 Amount of Each Receipt this Period
 20.00
 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 338 OF 798
	<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. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-61
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-61
 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 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 04DF94C7F9B54FE2962F
 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 339 OF 798
	<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. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-61
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-61
 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 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-61
 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 340 OF 798
	<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. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-61
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-61
 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 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-59
 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 341 OF 798
	<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. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112719134-59
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kiecker, David, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912151995-59
 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 111 Monument Cir
 Ste 3800
 City Indianapolis State IN Zip Code 46204-5175
 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 ▼ 4992.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119135-59
 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 342 OF 798
	<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. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-442
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-440
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-438
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 OF 798
	<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. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-437
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-437
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-437
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 798
	<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. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-434
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-433
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-433
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 345 OF 798
	<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. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-432
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-432
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Klawonn, Jason, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-431
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 798
	<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. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-788
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-788
 Amount of Each Receipt this Period 13.00
 Memo Item

C. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-782
 Amount of Each Receipt this Period 13.00
 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 347 OF 798
	<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. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-780
 Amount of Each Receipt this Period
 13.00
 Memo Item

B. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519255-779
 Amount of Each Receipt this Period
 13.00
 Memo Item

C. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-778
 Amount of Each Receipt this Period
 13.00
 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 348 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-778
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Kobs, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-777
 Amount of Each Receipt this Period 13.00
 Memo Item

C. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Riverside Ave Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-3
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	151.00
TOTAL This Period (last page this line 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 349 OF 798
	<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. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Riverside Ave
 Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-3
 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 245 Riverside Ave
 Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 8314474A54254554A1FE
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Riverside Ave
 Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-3
 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 350 OF 798
	<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. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Riverside Ave
 Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-3
 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 245 Riverside Ave
 Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-3
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Koch, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Riverside Ave
 Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-3
 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 351 OF 798
	<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 245 Riverside Ave
 Ste 100
 City Jacksonville State FL Zip Code 32202-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salazar Fncl Grp LLC Occupation (for Individual) Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-3
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Kolawole, Abimbola, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Digital Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1032.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-394
 Amount of Each Receipt this Period 43.00
 Memo Item

C. Kolawole, Abimbola, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Digital Innovation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1032.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-392
 Amount of Each Receipt this Period 43.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.00
TOTAL This Period (last page this line 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 352 OF 798
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2019

Transaction ID : 2019081519215-391

Amount of Each Receipt this Period
43.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2019

Transaction ID : 2019083019135-390

Amount of Each Receipt this Period
43.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2019

Transaction ID : 201909131995-390

Amount of Each Receipt this Period
43.00

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 353 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-390

Amount of Each Receipt this Period
43.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-387

Amount of Each Receipt this Period
43.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-386

Amount of Each Receipt this Period
43.00

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 354 OF 798
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 201911519255-386

Amount of Each Receipt this Period
43.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-385

Amount of Each Receipt this Period
43.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolawole, Abimbola, O, ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Digital Innovation
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-385

Amount of Each Receipt this Period
43.00

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 355 OF 798
	<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. Kolawole, Abimbola, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Digital Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1032.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-384
 Amount of Each Receipt this Period 43.00
 Memo Item

B. Konopa, Kevin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-720
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-718
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	73.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 798
	<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. Konopa, Kevin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-716
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Konopa, Kevin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-716
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-716
 Amount of Each Receipt this Period 15.00
 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 357 OF 798
	<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. Konopa, Kevin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-710
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Konopa, Kevin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-709
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-708
 Amount of Each Receipt this Period 15.00
 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 358 OF 798
	<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. Konopa, Kevin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-707
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Konopa, Kevin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-707
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-706
 Amount of Each Receipt this Period 15.00
 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 359 OF 798
	<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. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-72
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-72
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt 08 / 15 / 2019
Transaction ID : DF36029AA994406E92BA
 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 360 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 Aspen Cmns Ste 80

City Middleton	State WI	Zip Code 53562-4718
-------------------	-------------	------------------------

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 ▼
2170.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 201908301995-73

Amount of Each Receipt this Period
125.00

Memo Item

B. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 Aspen Cmns Ste 80

City Middleton	State WI	Zip Code 53562-4718
-------------------	-------------	------------------------

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 ▼
2170.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 2019091519174-73

Amount of Each Receipt this Period
125.00

Memo Item

C. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 Aspen Cmns Ste 80

City Middleton	State WI	Zip Code 53562-4718
-------------------	-------------	------------------------

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 ▼
2170.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019093019134-73

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 361 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-73
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-73
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-71
 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 362 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-71
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-71
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Kosnick, Joshua, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Aspen Cmns Ste 80
 City Middleton State WI Zip Code 53562-4718
 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 ▼ 2170.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-71
 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 363 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-709
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-705
 Amount of Each Receipt this Period 46.00
 Memo Item

C. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-703
 Amount of Each Receipt this Period 46.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	138.00
TOTAL This Period (last page this line 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 364 OF 798
	<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. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-701
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-701
 Amount of Each Receipt this Period 46.00
 Memo Item

C. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-701
 Amount of Each Receipt this Period 46.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	138.00
TOTAL This Period (last page this line 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 365 OF 798
	<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. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-695
 Amount of Each Receipt this Period 46.00
 Memo Item

B. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-694
 Amount of Each Receipt this Period 46.00
 Memo Item

C. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-693
 Amount of Each Receipt this Period 46.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.00
TOTAL This Period (last page this line 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 366 OF 798
	<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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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 1104.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-692
 Amount of Each Receipt this Period
 46.00
 Memo Item

B. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-692
 Amount of Each Receipt this Period
 46.00
 Memo Item

C. Kracht, Carol, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-691
 Amount of Each Receipt this Period
 46.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	138.00
TOTAL This Period (last page this line 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 367 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-53
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-53
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 06BEB354DFB04C1D875D
 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 368 OF 798
	<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. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-53
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-53
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-53
 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 369 OF 798
	<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. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-53
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-53
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-52
 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 370 OF 798
	<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. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-52
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-52
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Kramer, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Butterfield Rd
 Ste 300
 City Downers Grove State IL Zip Code 60515-5462
 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 ▼ 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-52
 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 371 OF 798
	<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. Landry, Dean, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Tax Planning
------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-688

Amount of Each Receipt this Period
14.00

Memo Item

B. Landry, Dean, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Tax Planning
------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-682

Amount of Each Receipt this Period
14.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Tax Planning
------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-681

Amount of Each Receipt this Period
14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 372 OF 798
	<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. Landry, Dean, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Tax Planning
------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 201911519255-680

Amount of Each Receipt this Period
14.00

Memo Item

B. Landry, Dean, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Tax Planning
------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-679

Amount of Each Receipt this Period
14.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Tax Planning
------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-679

Amount of Each Receipt this Period
14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 373 OF 798
	<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. Landry, Dean, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Tax Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-678
 Amount of Each Receipt this Period
 14.00
 Memo Item

B. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-641
 Amount of Each Receipt this Period
 14.00
 Memo Item

C. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-639
 Amount of Each Receipt this Period
 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 374 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-639
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-639
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-633
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 375 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-632
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-631
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-630
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 376 OF 798
	<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. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-630
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Laszewski, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-629
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-40
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	236.00
TOTAL This Period (last page this line 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 377 OF 798
	<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. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-40
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 7CCB315B1CCB4D759774
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-40
 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 378 OF 798
	<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. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-40
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-40
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-40
 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 379 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-40
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-39
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-39
 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 380 OF 798
	<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. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-39
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Lawhon, M, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 E Broward Blvd
 Ste 2000
 City Fort Lauderdale State FL Zip Code 33394-3020
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-39
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Lombardi, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Cs Strategy
 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
 11 / 30 / 2019
Transaction ID : 2019112819134-391
 Amount of Each Receipt this Period
 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	437.00
TOTAL This Period (last page this line 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 381 OF 798
	<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. Lombardi, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Cs Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-391
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Lombardi, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Cs Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-390
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Luckow, Erika, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-514
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	56.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 798
	<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. Luckow, Erika, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-513
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Luckow, Erika, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-513
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-513
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 383 OF 798
	<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. Luckow, Erika, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-509
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Luckow, Erika, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-508
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-507
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 384 OF 798
	<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. Luckow, Erika, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-506
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Luckow, Erika, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-506
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-505
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 385 OF 798
	<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. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 E Kilbourn Ave
Ste 950

City Milwaukee State WI Zip Code 53202-6630

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 ▼ 3000.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-59

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 330 E Kilbourn Ave
Ste 950

City Milwaukee State WI Zip Code 53202-6630

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 ▼ 3000.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-59

Amount of Each Receipt this Period 125.00

Memo Item

C. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 E Kilbourn Ave
Ste 950

City Milwaukee State WI Zip Code 53202-6630

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 ▼ 3000.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 720DDF483D894D96BF45

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 386 OF 798
	<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. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 E Kilbourn Ave
Ste 950

City Milwaukee State WI Zip Code 53202-6630

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 ▼ 3000.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-59

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 330 E Kilbourn Ave
Ste 950

City Milwaukee State WI Zip Code 53202-6630

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 ▼ 3000.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-59

Amount of Each Receipt this Period 125.00

Memo Item

C. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 E Kilbourn Ave
Ste 950

City Milwaukee State WI Zip Code 53202-6630

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 ▼ 3000.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019093019134-59

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 387 OF 798
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	<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 330 E Kilbourn Ave
 Ste 950
 City Milwaukee State WI Zip Code 53202-6630
 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 3000.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-59
 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 330 E Kilbourn Ave
 Ste 950
 City Milwaukee State WI Zip Code 53202-6630
 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 3000.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-59
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 E Kilbourn Ave
 Ste 950
 City Milwaukee State WI Zip Code 53202-6630
 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 3000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-57
 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 388 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 E Kilbourn Ave
 Ste 950
 City Milwaukee State WI Zip Code 53202-6630
 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 **3000.00**

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-57
 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 330 E Kilbourn Ave
 Ste 950
 City Milwaukee State WI Zip Code 53202-6630
 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 **3000.00**

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-57
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. Lueder, Matthew, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 E Kilbourn Ave
 Ste 950
 City Milwaukee State WI Zip Code 53202-6630
 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 **3000.00**

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-57
 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 389 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 4032.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-655
 Amount of Each Receipt this Period 168.00
 Memo Item

B. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-651
 Amount of Each Receipt this Period 168.00
 Memo Item

C. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-649
 Amount of Each Receipt this Period 168.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	504.00
TOTAL This Period (last page this line 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 390 OF 798
	<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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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 ▼
4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 2019083019135-647

Amount of Each Receipt this Period
168.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Securities
------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-647

Amount of Each Receipt this Period
168.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Svp Securities
------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-647

Amount of Each Receipt this Period
168.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	504.00
TOTAL This Period (last page this line 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 391 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-641
 Amount of Each Receipt this Period 168.00
 Memo Item

B. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-640
 Amount of Each Receipt this Period 168.00
 Memo Item

C. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-639
 Amount of Each Receipt this Period 168.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	504.00
TOTAL This Period (last page this line 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 392 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-638
 Amount of Each Receipt this Period 168.00
 Memo Item

B. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-638
 Amount of Each Receipt this Period 168.00
 Memo Item

C. Lueken, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-637
 Amount of Each Receipt this Period 168.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	504.00
TOTAL This Period (last page this line 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 393 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-549
 Amount of Each Receipt this Period 83.00
 Memo Item

B. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-545
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-543
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.00
TOTAL This Period (last page this line 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 394 OF 798
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-542
 Amount of Each Receipt this Period 83.00
 Memo Item

B. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-542
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-542
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.00
TOTAL This Period (last page this line 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 395 OF 798
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	<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. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-537
 Amount of Each Receipt this Period 83.00
 Memo Item

B. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-536
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-535
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.00
TOTAL This Period (last page this line 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 396 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-534
 Amount of Each Receipt this Period 83.00
 Memo Item

B. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 2019121311576-534
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Lyons, Stephanie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp, Chief Audit Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-533
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.00
TOTAL This Period (last page this line 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 397 OF 798
	<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. Macinnis, Michael, J, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Director, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-385
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Macinnis, Michael, J, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Director, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-385
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Macinnis, Michael, J, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Director, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-382
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 OF 798
	<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. Macinnis, Michael, J, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Director, Compliance
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-381

Amount of Each Receipt this Period
11.00

Memo Item

B. Macinnis, Michael, J, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Director, Compliance
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-381

Amount of Each Receipt this Period
11.00

Memo Item

C. Macinnis, Michael, J, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Director, Compliance
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-380

Amount of Each Receipt this Period
11.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 798
	<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. Macinnis, Michael, J, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Director, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-380
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Macinnis, Michael, J, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Director, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-379
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-50
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 400 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-50
 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 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : CBD7FF90A78F46F1B9CA
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-50
 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 401 OF 798
	<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. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-50
 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 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-50
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-50
 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 402 OF 798
	<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. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-50
 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 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-49
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-49
 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 403 OF 798
	<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. Mahaffey, Cory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-49
 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 200 SW Market St
 Ste 1600
 City Portland State OR Zip Code 97201-5743
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-49
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-512
 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 404 OF 798
	<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. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-511
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 201909131995-511
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-511
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 OF 798
	<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. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-507
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-506
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-505
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 406 OF 798
	<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. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-504
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-504
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Makowski, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-503
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 407 OF 798
	<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. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-432
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-430
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-428
 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 408 OF 798
	<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. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-427
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-427
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-427
 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 409 OF 798
	<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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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-424
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-423
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-423
 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 410 OF 798
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-422
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-422
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Manista, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp, Chf Lgl, Cp Of & Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-421
 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 411 OF 798
	<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. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-508
 Amount of Each Receipt this Period 151.00
 Memo Item

B. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-505
 Amount of Each Receipt this Period 151.00
 Memo Item

C. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-503
 Amount of Each Receipt this Period 151.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	453.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 412 OF 798
(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. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-502
 Amount of Each Receipt this Period 151.00
 Memo Item

B. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-502
 Amount of Each Receipt this Period 151.00
 Memo Item

C. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-502
 Amount of Each Receipt this Period 151.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 453.00
TOTAL This Period (last page this line 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 413 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-498
 Amount of Each Receipt this Period 151.00
 Memo Item

B. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-497
 Amount of Each Receipt this Period 151.00
 Memo Item

C. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-496
 Amount of Each Receipt this Period 151.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	453.00
TOTAL This Period (last page this line 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 414 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-495
 Amount of Each Receipt this Period
 151.00
 Memo Item

B. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-495
 Amount of Each Receipt this Period
 151.00
 Memo Item

C. Mannebach, Steven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3228.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-494
 Amount of Each Receipt this Period
 151.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	453.00
TOTAL This Period (last page this line 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 415 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783

City Champaign	State IL	Zip Code 61824-0783
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) General Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : 201907151995-56

Amount of Each Receipt this Period

42.00

 Memo Item

B. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783

City Champaign	State IL	Zip Code 61824-0783
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) General Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2019

Transaction ID : 2019073119917-56

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 PO Box 783

City Champaign	State IL	Zip Code 61824-0783
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) General Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2019

Transaction ID : 6A7BB828D5C84C5692BB

Amount of Each Receipt this Period

42.00

 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 416 OF 798
	<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. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783
 City Champaign State IL Zip Code 61824-0783
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-56
 Amount of Each Receipt this Period 42.00
 Memo Item

B. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783
 City Champaign State IL Zip Code 61824-0783
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-56
 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 PO Box 783
 City Champaign State IL Zip Code 61824-0783
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-56
 Amount of Each Receipt this Period 42.00
 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 417 OF 798
	<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. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783

City Champaign	State IL	Zip Code 61824-0783
-------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-56

Amount of Each Receipt this Period
 42.00

Memo Item

B. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783

City Champaign	State IL	Zip Code 61824-0783
-------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-56

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 PO Box 783

City Champaign	State IL	Zip Code 61824-0783
-------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-54

Amount of Each Receipt this Period
 42.00

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 418 OF 798
	<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. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783

City Champaign	State IL	Zip Code 61824-0783
-------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-54

Amount of Each Receipt this Period
42.00

Memo Item

B. McClure, Brian, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 783

City Champaign	State IL	Zip Code 61824-0783
-------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-54

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 PO Box 783

City Champaign	State IL	Zip Code 61824-0783
-------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119135-54

Amount of Each Receipt this Period
42.00

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 419 OF 798
	<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. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-808
 Amount of Each Receipt this Period 12.00
 Memo Item

B. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-808
 Amount of Each Receipt this Period 12.00
 Memo Item

C. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-802
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 420 OF 798
	<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. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-800
 Amount of Each Receipt this Period 12.00
 Memo Item

B. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519255-799
 Amount of Each Receipt this Period 12.00
 Memo Item

C. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-798
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 421 OF 798
	<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. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912311576-798
 Amount of Each Receipt this Period 12.00
 Memo Item

B. McComas, Erin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-797
 Amount of Each Receipt this Period 12.00
 Memo Item

C. McFarland, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-738
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 422 OF 798
	<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. McFarland, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-738
 Amount of Each Receipt this Period 10.00
 Memo Item

B. McFarland, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-737
 Amount of Each Receipt this Period 10.00
 Memo Item

C. McLean, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Astsec/Tax/Hr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-798
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. McLean, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Astsec/Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-792
 Amount of Each Receipt this Period 15.00
 Memo Item

B. McLean, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Astsec/Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-790
 Amount of Each Receipt this Period 15.00
 Memo Item

C. McLean, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Astsec/Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-789
 Amount of Each Receipt this Period 15.00
 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 424 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. McLean, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Astsec/Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-788
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. McLean, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Astsec/Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-788
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. McLean, Andrew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Astsec/Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-787
 Amount of Each Receipt this Period
 15.00
 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 425 OF 798
	<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. McLinden, Lesli, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-777
 Amount of Each Receipt this Period 10.00
 Memo Item

B. McLinden, Lesli, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-776
 Amount of Each Receipt this Period 10.00
 Memo Item

C. McLinden, Lesli, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-776
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 426 OF 798
	<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. McLinden, Lesli, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-775
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-62
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-62
 Amount of Each Receipt this Period
 208.00
 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 427 OF 798
	<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. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : B990AFF1241349ED85BA
 Amount of Each Receipt this Period 208.00
 Memo Item

B. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-62
 Amount of Each Receipt this Period 208.00
 Memo Item

C. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-62
 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 428 OF 798
	<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. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-62
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-62
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-62
 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 429 OF 798
	<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. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-60
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-60
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-60
 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 430 OF 798
	<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. McQuade, Corey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Wacker Dr
 Ste 460
 City Chicago State IL Zip Code 60606-2818
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-60
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-794
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-790
 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 431 OF 798
	<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. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-787
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-785
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-785
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 432 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-785
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-779
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-777
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 433 OF 798
(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. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-776
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-775
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-775
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 OF 798
	<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. McTigue, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-774
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Meehan, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-434
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Meehan, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-432
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.00
TOTAL This Period (last page this line 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 435 OF 798
	<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. Meehan, Daniel, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : 2019081519215-430

Amount of Each Receipt this Period
19.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 2019083019135-429

Amount of Each Receipt this Period
19.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-429

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 436 OF 798
	<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. Meehan, Daniel, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-429

Amount of Each Receipt this Period
19.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-426

Amount of Each Receipt this Period
19.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-425

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 798
	<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. Meehan, Daniel, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 201911519255-425

Amount of Each Receipt this Period
19.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-424

Amount of Each Receipt this Period
19.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-424

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 438 OF 798
	<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. Meehan, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-423
 Amount of Each Receipt this Period
 19.00
 Memo Item

B. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-8
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-8
 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 439 OF 798
	<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, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy
 Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 27675F8C340F4053BF03
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy
 Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-8
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy
 Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-8
 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 440 OF 798
	<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, Edward, , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1770 Kirby Pkwy
Forum III, Ste 40

City Germantown State TN Zip Code 38138-7441

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 ▼ 3000.00

Date of Receipt **09 / 30 / 2019**

Transaction ID : 2019093019134-8

Amount of Each Receipt this Period 125.00

Memo Item

B. Meeks, Jim, Edward, , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1770 Kirby Pkwy
Forum III, Ste 40

City Germantown State TN Zip Code 38138-7441

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 ▼ 3000.00

Date of Receipt **10 / 15 / 2019**

Transaction ID : 201910151995-8

Amount of Each Receipt this Period 125.00

Memo Item

C. Meeks, Jim, Edward, , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1770 Kirby Pkwy
Forum III, Ste 40

City Germantown State TN Zip Code 38138-7441

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 ▼ 3000.00

Date of Receipt **10 / 31 / 2019**

Transaction ID : 2019103119135-8

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 441 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy
 Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 201911519215-7
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy
 Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-7
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Meeks, Jim, Edward, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1770 Kirby Pkwy
 Forum III, Ste 40
 City Germantown State TN Zip Code 38138-7441
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-7
 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 442 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Meeks, Jim, Edward, , JR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019 Transaction ID : 2019123119135-7
Mailing Address 1770 Kirby Pkwy Forum III, Ste 40		Amount of Each Receipt this Period 125.00
City Germantown	State TN	Zip Code 38138-7441
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mees, Arthur, J, , JR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2019 Transaction ID : 2019071319137-801
Mailing Address 720 E Wisconsin Ave		Amount of Each Receipt this Period 40.00
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mees, Arthur, J, , JR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2019 Transaction ID : 2019073019911-797
Mailing Address 720 E Wisconsin Ave		Amount of Each Receipt this Period 40.00
City Milwaukee	State WI	Zip Code 53202-4703
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 912.00	

SUBTOTAL of Receipts This Page (optional).....▶	205.00
TOTAL This Period (last page this line 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 443 OF 798
	<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. Mees, Arthur, J, , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-794

Amount of Each Receipt this Period
40.00

Memo Item

B. Mees, Arthur, J, , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-792

Amount of Each Receipt this Period
40.00

Memo Item

C. Mees, Arthur, J, , JR

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 201909131995-792

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-792
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-786
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-784
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 445 OF 798
	<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, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-783
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-782
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-782
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 446 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Mees, Arthur, J, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-781
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-70
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-70
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line 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 447 OF 798
	<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, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St
 FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt 08 / 15 / 2019
Transaction ID : A4CDDFD375EB4F70ABC
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St
 FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-71
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St
 FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-71
 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 448 OF 798
	<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. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St
 FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-71
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St
 FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-71
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Miller, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St
 FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-71
 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 449 OF 798
	<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. Miller, Aaron, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Beacon St
FI 2

City Boston State MA Zip Code 02108-3107

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 ▼ 3000.00

Date of Receipt
11 / 15 / 2019
Transaction ID : 2019111519215-69

Amount of Each Receipt this Period
125.00

Memo Item

B. Miller, Aaron, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Beacon St
FI 2

City Boston State MA Zip Code 02108-3107

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 ▼ 3000.00

Date of Receipt
11 / 30 / 2019
Transaction ID : 2019112719134-69

Amount of Each Receipt this Period
125.00

Memo Item

C. Miller, Aaron, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Beacon St
FI 2

City Boston State MA Zip Code 02108-3107

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 ▼ 3000.00

Date of Receipt
12 / 15 / 2019
Transaction ID : 201912151995-69

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 450 OF 798
	<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, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Beacon St
 FI 2
 City Boston State MA Zip Code 02108-3107
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-69
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Miller, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-556
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Miller, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-555
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 451 OF 798
	<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, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-555

Amount of Each Receipt this Period
10.00

Memo Item

B. Miller, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-555

Amount of Each Receipt this Period
10.00

Memo Item

C. Miller, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-550

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 452 OF 798
	<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. Miller, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-549
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Miller, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-548
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Miller, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-547
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 453 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Miller, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 201912311576-547

Amount of Each Receipt this Period
10.00

Memo Item

B. Miller, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-546

Amount of Each Receipt this Period
10.00

Memo Item

C. Miller, Kevin, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Grant St
3550 US Steel Tower

City Pittsburgh	State PA	Zip Code 15219-2702
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : 201907151995-24

Amount of Each Receipt this Period
208.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 454 OF 798
	<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 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-24
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : B924FD4223D04F908EA8
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-24
 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 455 OF 798
	<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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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 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-24
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-24
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-24
 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 456 OF 798
	<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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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 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-24
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-23
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-23
 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:	PAGE 457 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-23
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Miller, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Grant St
 3550 US Steel Tower
 City Pittsburgh State PA Zip Code 15219-2702
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-23
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-472
 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 458 OF 798
	<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. Mitchell, Christian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp Chief Customerofficer
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : 2019073019911-470

Amount of Each Receipt this Period
55.00

Memo Item

B. Mitchell, Christian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp Chief Customerofficer
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : 2019081519215-468

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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp Chief Customerofficer
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 2019083019135-467

Amount of Each Receipt this Period
55.00

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 459 OF 798
	<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. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-467
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-467
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-463
 Amount of Each Receipt this Period 55.00
 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 460 OF 798
	<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. Mitchell, Christian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp Chief Customerofficer
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-462

Amount of Each Receipt this Period
55.00

Memo Item

B. Mitchell, Christian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp Chief Customerofficer
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-461

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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp Chief Customerofficer
------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-460

Amount of Each Receipt this Period
55.00

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 461 OF 798
	<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. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-460
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Mitchell, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Customerofficer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-459
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-642
 Amount of Each Receipt this Period 41.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	151.00
TOTAL This Period (last page this line 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 462 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-638
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-636
 Amount of Each Receipt this Period 41.00
 Memo Item

C. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-634
 Amount of Each Receipt this Period 41.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 463 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-634
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-634
 Amount of Each Receipt this Period 41.00
 Memo Item

C. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-628
 Amount of Each Receipt this Period 41.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 OF 798
	<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. Molloy, Karen, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
984.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-627

Amount of Each Receipt this Period
41.00

Memo Item

B. Molloy, Karen, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
984.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-626

Amount of Each Receipt this Period
41.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
984.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-625

Amount of Each Receipt this Period
41.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 465 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 984.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-625
 Amount of Each Receipt this Period
 41.00
 Memo Item

B. Molloy, Karen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 984.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-624
 Amount of Each Receipt this Period
 41.00
 Memo Item

C. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 201909131995-693
 Amount of Each Receipt this Period
 12.00
 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 466 OF 798
	<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. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-693
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-687
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-686
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 467 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-685
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-684
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-684
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 468 OF 798
	<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. Moro Goane, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Distributionpolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-683
 Amount of Each Receipt this Period
 12.00
 Memo Item

B. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 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
 07 / 31 / 2019
Transaction ID : 2019073019911-782
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 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
 08 / 15 / 2019
Transaction ID : 2019081519215-779
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 469 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-777
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 360.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-777
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-777
 Amount of Each Receipt this Period 15.00
 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 470 OF 798
	<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. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-771
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 360.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-769
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-768
 Amount of Each Receipt this Period 15.00
 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 471 OF 798
	<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. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 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
 11 / 30 / 2019
Transaction ID : 2019112819134-767
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-767
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Morris, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-766
 Amount of Each Receipt this Period 15.00
 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 472 OF 798
	<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. Mroczkowski, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-566
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Mroczkowski, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-565
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Mroczkowski, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-565
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 473 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Mroczkowski, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-564
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Mrozek, Mark, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir - Facilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 201909131995-648
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Mrozek, Mark, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir - Facilities
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-648
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 474 OF 798
	<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. Mrozek, Mark, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Dir - Facilities
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-642

Amount of Each Receipt this Period
12.00

Memo Item

B. Mrozek, Mark, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Dir - Facilities
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-641

Amount of Each Receipt this Period
12.00

Memo Item

C. Mrozek, Mark, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Dir - Facilities
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-640

Amount of Each Receipt this Period
12.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 475 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Mrozek, Mark, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Dir - Facilities
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-639

Amount of Each Receipt this Period
12.00

Memo Item

B. Mrozek, Mark, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Dir - Facilities
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-639

Amount of Each Receipt this Period
12.00

Memo Item

C. Mrozek, Mark, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Asst Dir - Facilities
------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-638

Amount of Each Receipt this Period
12.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 476 OF 798
	<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. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 ▼ 3000.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 201907151995-68
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 ▼ 3000.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-68
 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 1500 Quail St Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 ▼ 3000.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : F0D78B8E516B4F9DB426
 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 477 OF 798
	<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. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 ▼ 3000.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-69
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 ▼ 3000.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-69
 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 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 ▼ 3000.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-69
 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 478 OF 798
	<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. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 3000.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-69
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 3000.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-69
 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 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 3000.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-67
 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 479 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 3000.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-67
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Mulroy, Timothy, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 3000.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-67
 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 1500 Quail St
 Ste 60
 City Newport Beach State CA Zip Code 92660-2732
 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 3000.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-67
 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 480 OF 798
	<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. Murphy, Timothy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Planning & Sales Support Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-536
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Murphy, Timothy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Planning & Sales Support Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-531
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Murphy, Timothy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Planning & Sales Support Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-530
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 481 OF 798
	<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. Murphy, Timothy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Planning & Sales Support Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-529
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Murphy, Timothy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Planning & Sales Support Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-528
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Murphy, Timothy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Planning & Sales Support Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-528
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 482 OF 798
	<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. Murphy, Timothy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Planning & Sales Support Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-527
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Nadolski, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Financial & Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-512
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Nadolski, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Financial & Reporting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-511
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 483 OF 798
	<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. Nadolski, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Financial & Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-510
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Nadolski, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Financial & Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-509
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Nadolski, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Financial & Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-509
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 484 OF 798
	<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. Nadolski, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Financial & Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-508
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Nelson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-561
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Nelson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-560
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 485 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Nelson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-559
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Nelson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-559
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Nelson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-558
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 486 OF 798
	<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. Nelson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-622
 Amount of Each Receipt this Period
 13.00
 Memo Item

B. Nelson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 201909131995-622
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-622
 Amount of Each Receipt this Period
 13.00
 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 487 OF 798
	<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. Nelson, Timothy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2019

Transaction ID : 2019101616574-616

Amount of Each Receipt this Period
13.00

Memo Item

B. Nelson, Timothy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2019

Transaction ID : 2019102919135-615

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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Performance
------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 2019111519255-614

Amount of Each Receipt this Period
13.00

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 488 OF 798
	<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. Nelson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-613
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Nelson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-613
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-612
 Amount of Each Receipt this Period 13.00
 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 489 OF 798
	<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. Neubauer, Steven, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Test Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-753
 Amount of Each Receipt this Period 9.00
 Memo Item

B. Neubauer, Steven, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Lead Test Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-752
 Amount of Each Receipt this Period 9.00
 Memo Item

C. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-810
 Amount of Each Receipt this Period 33.00
 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 490 OF 798
	<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. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-806
 Amount of Each Receipt this Period 33.00
 Memo Item

B. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-803
 Amount of Each Receipt this Period 33.00
 Memo Item

C. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-801
 Amount of Each Receipt this Period 33.00
 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 491 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-801
 Amount of Each Receipt this Period 33.00
 Memo Item

B. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-801
 Amount of Each Receipt this Period 33.00
 Memo Item

C. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-795
 Amount of Each Receipt this Period 33.00
 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 492 OF 798
	<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. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-793
 Amount of Each Receipt this Period 33.00
 Memo Item

B. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-792
 Amount of Each Receipt this Period 33.00
 Memo Item

C. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-791
 Amount of Each Receipt this Period 33.00
 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 493 OF 798
	<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. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-791
 Amount of Each Receipt this Period 33.00
 Memo Item

B. Newman, Jeremy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-790
 Amount of Each Receipt this Period 33.00
 Memo Item

C. Noll, Sherry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Insurable Riskmgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-689
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 494 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Insurable Riskmgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-689
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Noll, Sherry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Insurable Riskmgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-689
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Noll, Sherry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Insurable Riskmgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-683
 Amount of Each Receipt this Period 14.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 495 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Noll, Sherry, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Insurable Riskmgmt
------------------------------------------	----------------------------------------------------------

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
10	/	31	/	2019

Transaction ID : 2019102919135-682

Amount of Each Receipt this Period
14.00

Memo Item

B. Noll, Sherry, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Insurable Riskmgmt
------------------------------------------	----------------------------------------------------------

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
11	/	15	/	2019

Transaction ID : 2019111519255-681

Amount of Each Receipt this Period
14.00

Memo Item

C. Noll, Sherry, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Insurable Riskmgmt
------------------------------------------	----------------------------------------------------------

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
11	/	30	/	2019

Transaction ID : 2019112819134-680

Amount of Each Receipt this Period
14.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 496 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Insurable Riskmgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-680
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Noll, Sherry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Insurable Riskmgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-679
 Amount of Each Receipt this Period 14.00
 Memo Item

C. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1511 N West Shore Blvd Ste 500
 City Tampa State FL Zip Code 33607-4595
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-67
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	236.00
TOTAL This Period (last page this line 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 497 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. O Connell, Kevin, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1511 N West Shore Blvd
Ste 500

City Tampa State FL Zip Code 33607-4595

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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**

Transaction ID : 2019073119917-67

Amount of Each Receipt this Period 208.00

Memo Item

B. O Connell, Kevin, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1511 N West Shore Blvd
Ste 500

City Tampa State FL Zip Code 33607-4595

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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**

Transaction ID : 4B20DEAE1E5240CEA0F3

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 1511 N West Shore Blvd
Ste 500

City Tampa State FL Zip Code 33607-4595

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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**

Transaction ID : 201908301995-68

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 498 OF 798
	<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. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1511 N West Shore Blvd
 Ste 500
 City Tampa State FL Zip Code 33607-4595
 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 ▼ 4992.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-68
 Amount of Each Receipt this Period 208.00
 Memo Item

B. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1511 N West Shore Blvd
 Ste 500
 City Tampa State FL Zip Code 33607-4595
 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 ▼ 4992.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-68
 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 1511 N West Shore Blvd
 Ste 500
 City Tampa State FL Zip Code 33607-4595
 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 ▼ 4992.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-68
 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 499 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. O Connell, Kevin, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1511 N West Shore Blvd
Ste 500

City Tampa State FL Zip Code 33607-4595

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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**

Transaction ID : 2019103119135-68

Amount of Each Receipt this Period 208.00

Memo Item

B. O Connell, Kevin, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1511 N West Shore Blvd
Ste 500

City Tampa State FL Zip Code 33607-4595

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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**

Transaction ID : 2019111519215-66

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 1511 N West Shore Blvd
Ste 500

City Tampa State FL Zip Code 33607-4595

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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**

Transaction ID : 2019112719134-66

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 500 OF 798
	<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 Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1511 N West Shore Blvd
 Ste 500
 City Tampa State FL Zip Code 33607-4595
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-66
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. O Connell, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1511 N West Shore Blvd
 Ste 500
 City Tampa State FL Zip Code 33607-4595
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-66
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 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
 07 / 31 / 2019
Transaction ID : 2019073019911-622
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	431.00
TOTAL This Period (last page this line 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 501 OF 798
	<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 Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-620
 Amount of Each Receipt this Period 15.00
 Memo Item

B. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-618
 Amount of Each Receipt this Period 15.00
 Memo Item

C. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-618
 Amount of Each Receipt this Period 15.00
 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: PAGE 502 OF 798
(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. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-618
 Amount of Each Receipt this Period 15.00
 Memo Item

B. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-612
 Amount of Each Receipt this Period 15.00
 Memo Item

C. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-611
 Amount of Each Receipt this Period 15.00
 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 503 OF 798
	<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 Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-610
 Amount of Each Receipt this Period 15.00
 Memo Item

B. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-609
 Amount of Each Receipt this Period 15.00
 Memo Item

C. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-609
 Amount of Each Receipt this Period 15.00
 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 504 OF 798
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	<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. O Connell, Leslie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strategic Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-608
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-485
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-483
 Amount of Each Receipt this Period 15.00
 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 505 OF 798
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	<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. Otto, Timothy, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
08		31		2019

Transaction ID : 2019083019135-482

Amount of Each Receipt this Period
15.00

Memo Item

B. Otto, Timothy, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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		2019

Transaction ID : 201909131995-482

Amount of Each Receipt this Period
15.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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		2019

Transaction ID : 2019092819135-482

Amount of Each Receipt this Period
15.00

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 506 OF 798
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-478
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-477
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-476
 Amount of Each Receipt this Period 15.00
 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 507 OF 798
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-475
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-475
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Otto, Timothy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-474
 Amount of Each Receipt this Period 15.00
 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 508 OF 798
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-424
 Amount of Each Receipt this Period 6.00
 Memo Item

B. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-422
 Amount of Each Receipt this Period 6.00
 Memo Item

C. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-420
 Amount of Each Receipt this Period 6.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	18.00
TOTAL This Period (last page this line 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 509 OF 798
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-419
 Amount of Each Receipt this Period 6.00
 Memo Item

B. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-419
 Amount of Each Receipt this Period 6.00
 Memo Item

C. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-419
 Amount of Each Receipt this Period 6.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	18.00
TOTAL This Period (last page this line 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 510 OF 798
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-416
 Amount of Each Receipt this Period 6.00
 Memo Item

B. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-415
 Amount of Each Receipt this Period 6.00
 Memo Item

C. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-415
 Amount of Each Receipt this Period 6.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	18.00
TOTAL This Period (last page this line 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 511 OF 798
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-414
 Amount of Each Receipt this Period 6.00
 Memo Item

B. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 2019121311576-414
 Amount of Each Receipt this Period 6.00
 Memo Item

C. Pavlick, Randy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-413
 Amount of Each Receipt this Period 6.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	18.00
TOTAL This Period (last page this line 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 512 OF 798
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 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
 07 / 31 / 2019
Transaction ID : 2019073019911-733
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 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
 08 / 15 / 2019
Transaction ID : 2019081519215-731
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 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
 08 / 31 / 2019
Transaction ID : 2019083019135-729
 Amount of Each Receipt this Period
 15.00
 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 513 OF 798
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	<input type="checkbox"/> 17	

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

A. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-729
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-729
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-723
 Amount of Each Receipt this Period 15.00
 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 514 OF 798
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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A. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 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
 10 / 31 / 2019
Transaction ID : 2019102919135-721
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 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
 11 / 15 / 2019
Transaction ID : 2019111519255-720
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 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
 11 / 30 / 2019
Transaction ID : 2019112819134-719
 Amount of Each Receipt this Period 15.00
 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 515 OF 798
	<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. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912311576-719
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Petersen, Peter, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Integration Mgmt Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-718
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 07 / 31 / 2019
Transaction ID : 2019073019911-761
 Amount of Each Receipt this Period 15.00
 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 516 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 360.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-758
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-756
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-756
 Amount of Each Receipt this Period 15.00
 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 517 OF 798
	<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. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-756
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-750
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-748
 Amount of Each Receipt this Period 15.00
 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 518 OF 798
	<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. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-747
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-746
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Pickering, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-746
 Amount of Each Receipt this Period 15.00
 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 519 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 360.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-745
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-411
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-409
 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 520 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Pierz, Michele, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-408
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Pierz, Michele, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-407
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-407
 Amount of Each Receipt this Period 20.00
 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 521 OF 798
	<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. Pierz, Michele, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-407
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Pierz, Michele, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-404
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-403
 Amount of Each Receipt this Period 20.00
 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 522 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Pierz, Michele, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-403
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Pierz, Michele, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-402
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-402
 Amount of Each Receipt this Period 20.00
 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 523 OF 798
	<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. Pierz, Michele, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-401
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-39
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-39
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 524 OF 798
	<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
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	<input type="checkbox"/> 17	

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

A. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 521929DB22A84C0E9201
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-39
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-39
 Amount of Each Receipt this Period 42.00
 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 525 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-39
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-39
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-39
 Amount of Each Receipt this Period
 42.00
 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 526 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 201911519215-38
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-38
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-38
 Amount of Each Receipt this Period
 42.00
 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 527 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Pizzuti, Dante, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 S Main St
 Ste 20
 City West Hartford State CT Zip Code 06107-2449
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-38
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-34
 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 528 OF 798
	<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 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : D6983AE322C44737A97B
 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 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-34
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-34
 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:	PAGE 529 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-34
 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 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-34
 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 530 OF 798
	<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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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 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 201911519215-33
 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 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-33
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Plocher, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-33
 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 531 OF 798
	<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 515 S Flower St
 FI 3
 City Los Angeles State CA Zip Code 90071-2201
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-33
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-426
 Amount of Each Receipt this Period
 48.00
 Memo Item

C. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-424
 Amount of Each Receipt this Period
 48.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	304.00
TOTAL This Period (last page this line 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 532 OF 798
	<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. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-422
 Amount of Each Receipt this Period 48.00
 Memo Item

B. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-421
 Amount of Each Receipt this Period 48.00
 Memo Item

C. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-421
 Amount of Each Receipt this Period 48.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line 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 533 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-421
 Amount of Each Receipt this Period
 48.00
 Memo Item

B. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-418
 Amount of Each Receipt this Period
 48.00
 Memo Item

C. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-417
 Amount of Each Receipt this Period
 48.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line 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 534 OF 798
	<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. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-417
 Amount of Each Receipt this Period 48.00
 Memo Item

B. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-416
 Amount of Each Receipt this Period 48.00
 Memo Item

C. Porter, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-416
 Amount of Each Receipt this Period 48.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.00
TOTAL This Period (last page this line 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 535 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Cd Transformation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1488.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-415
 Amount of Each Receipt this Period 48.00
 Memo Item

B. Prom, Georganne, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Life Tech Uw
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-429
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Prom, Georganne, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Life Tech Uw
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-429
 Amount of Each Receipt this Period 10.00
 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 536 OF 798
	<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. Prom, Georganne, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Life Tech Uw
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-428
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Division St Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-36
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Division St Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-36
 Amount of Each Receipt this Period 208.00
 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 537 OF 798
	<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 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 6841AD5BE74D4D199E3F
 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 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-36
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-36
 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 538 OF 798
	<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. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-36
 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 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-36
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-36
 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 539 OF 798
	<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 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-35
 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 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-35
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Pruet, Charles, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-35
 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 540 OF 798
	<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 1600 Division St
 Ste 40
 City Nashville State TN Zip Code 37203-2754
 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 ▼ 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-35
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Rabenn, Thomas, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-753
 Amount of Each Receipt this Period 13.00
 Memo Item

C. Rabenn, Thomas, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 201909131995-753
 Amount of Each Receipt this Period 13.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 541 OF 798		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-753
 Amount of Each Receipt this Period
 13.00
 Memo Item

B. Rabenn, Thomas, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-747
 Amount of Each Receipt this Period
 13.00
 Memo Item

C. Rabenn, Thomas, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-745
 Amount of Each Receipt this Period
 13.00
 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 542 OF 798
	<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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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 312.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-744
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Rabenn, Thomas, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-743
 Amount of Each Receipt this Period 13.00
 Memo Item

C. Rabenn, Thomas, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-743
 Amount of Each Receipt this Period 13.00
 Memo Item

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

39.00

**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 543 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-742
 Amount of Each Receipt this Period
 13.00
 Memo Item

B. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-601
 Amount of Each Receipt this Period
 108.00
 Memo Item

C. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-597
 Amount of Each Receipt this Period
 108.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	229.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 544 OF 798
	<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. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-595
 Amount of Each Receipt this Period 108.00
 Memo Item

B. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-594
 Amount of Each Receipt this Period 108.00
 Memo Item

C. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-594
 Amount of Each Receipt this Period 108.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	324.00
TOTAL This Period (last page this line 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 545 OF 798
	<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. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-594
 Amount of Each Receipt this Period 108.00
 Memo Item

B. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-588
 Amount of Each Receipt this Period 108.00
 Memo Item

C. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-587
 Amount of Each Receipt this Period 108.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	324.00
TOTAL This Period (last page this line 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 546 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Radke, Steven, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Govt Relations
------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2592.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 201911519255-586

Amount of Each Receipt this Period
108.00

Memo Item

B. Radke, Steven, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Govt Relations
------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2592.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-585

Amount of Each Receipt this Period
108.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Govt Relations
------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2592.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-585

Amount of Each Receipt this Period
108.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	324.00
TOTAL This Period (last page this line 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 547 OF 798
	<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. Radke, Steven, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2592.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-584
 Amount of Each Receipt this Period 108.00
 Memo Item

B. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-776
 Amount of Each Receipt this Period 15.50
 Memo Item

C. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-773
 Amount of Each Receipt this Period 15.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	139.00
TOTAL This Period (last page this line 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 548 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 366.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-771
 Amount of Each Receipt this Period 15.50
 Memo Item

B. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-771
 Amount of Each Receipt this Period 15.50
 Memo Item

C. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-771
 Amount of Each Receipt this Period 15.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 549 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 366.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-765
 Amount of Each Receipt this Period 15.50
 Memo Item

B. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-763
 Amount of Each Receipt this Period 15.50
 Memo Item

C. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-762
 Amount of Each Receipt this Period 15.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 550 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 366.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-761
 Amount of Each Receipt this Period 15.50
 Memo Item

B. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-761
 Amount of Each Receipt this Period 15.50
 Memo Item

C. Ralph, Randal, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-760
 Amount of Each Receipt this Period 15.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 551 OF 798
	<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 1 Riverway
 Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-52
 Amount of Each Receipt this Period
 130.00
 Memo Item

B. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway
 Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-52
 Amount of Each Receipt this Period
 130.00
 Memo Item

C. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway
 Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 6EA53538A752434DB054
 Amount of Each Receipt this Period
 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line 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 552 OF 798
	<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 1 Riverway Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-52
 Amount of Each Receipt this Period
 130.00
 Memo Item

B. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-52
 Amount of Each Receipt this Period
 130.00
 Memo Item

C. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-52
 Amount of Each Receipt this Period
 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line 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 553 OF 798
	<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. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway Ste 90
 City Houston State TX Zip Code 77056-1920
 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 3120.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 201910151995-52
 Amount of Each Receipt this Period 130.00
 Memo Item

B. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway Ste 90
 City Houston State TX Zip Code 77056-1920
 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 3120.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-52
 Amount of Each Receipt this Period 130.00
 Memo Item

C. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway Ste 90
 City Houston State TX Zip Code 77056-1920
 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 3120.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-51
 Amount of Each Receipt this Period 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line 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 554 OF 798
	<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. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway
 Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-51
 Amount of Each Receipt this Period
 130.00
 Memo Item

B. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway
 Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-51
 Amount of Each Receipt this Period
 130.00
 Memo Item

C. Reeter, Jeff, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Riverway
 Ste 90
 City Houston State TX Zip Code 77056-1920
 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 ▼ 3120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-51
 Amount of Each Receipt this Period
 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line 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 555 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Ren, Zhibin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-614
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-614
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Ren, Zhibin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-608
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 556 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Ren, Zhibin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-607
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-606
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Ren, Zhibin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-605
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 557 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Ren, Zhibin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-605
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-604
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. Reynolds, Courtney, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comm & Corp Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-417
 Amount of Each Receipt this Period
 20.00
 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 558 OF 798
	<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. Reynolds, Courtney, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comm & Corp Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-415
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-42
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-42
 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 559 OF 798
	<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 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 169A68CD67B64306B279
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-42
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-42
 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 560 OF 798
	<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 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-42
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-42
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-42
 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 561 OF 798
	<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 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 201911519215-41
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-41
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-41
 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 562 OF 798
	<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. Rhoades, Adam, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 6th Ave N
 Ste 280
 City Birmingham State AL Zip Code 35203-4616
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-41
 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 Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 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
 07 / 15 / 2019
Transaction ID : 2019071319137-392
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 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
 07 / 31 / 2019
Transaction ID : 2019073019911-390
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	268.00
TOTAL This Period (last page this line 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 563 OF 798
	<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, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-389
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-388
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-388
 Amount of Each Receipt this Period 30.00
 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 564 OF 798
	<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, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-388
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-385
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-384
 Amount of Each Receipt this Period 30.00
 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 565 OF 798
	<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, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-384
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-383
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-383
 Amount of Each Receipt this Period 30.00
 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:	PAGE 566 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richardson, Peter, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Advice Practice
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-382
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-71
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-71
 Amount of Each Receipt this Period
 125.00
 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 567 OF 798
	<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 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 3000.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 1295C4BAB06248DEACEF
 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 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 3000.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-72
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 3000.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-72
 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 568 OF 798
	<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. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-72
 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 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-72
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-72
 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 569 OF 798
	<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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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 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519215-70
 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 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112719134-70
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Richardson, Wesley, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 201912151995-70
 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 570 OF 798
	<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 601 Tennessee Ave
 City Charleston State WV Zip Code 25302-2327
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-70
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-11
 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 400 W Market St Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-11
 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 571 OF 798
	<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. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 6CA2B63D53E94B10B0B0
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-11
 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 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-11
 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 572 OF 798
	<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. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-11
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-11
 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 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-11
 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 573 OF 798
	<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. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 201911519215-10
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-10
 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 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-10
 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 574 OF 798
	<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. Rivers, J, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 W Market St
 Ste 225
 City Louisville State KY Zip Code 40202-3346
 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 ▼ 4992.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-10
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-520
 Amount of Each Receipt this Period 79.00
 Memo Item

C. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-517
 Amount of Each Receipt this Period 79.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	366.00
TOTAL This Period (last page this line 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 575 OF 798
	<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. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : 2019081519215-515
 Amount of Each Receipt this Period 79.00
 Memo Item

B. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-514
 Amount of Each Receipt this Period 79.00
 Memo Item

C. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-514
 Amount of Each Receipt this Period 79.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	237.00
TOTAL This Period (last page this line 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 576 OF 798
	<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. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-514
 Amount of Each Receipt this Period
 79.00
 Memo Item

B. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-510
 Amount of Each Receipt this Period
 79.00
 Memo Item

C. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-509
 Amount of Each Receipt this Period
 79.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.00
TOTAL This Period (last page this line 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 577 OF 798
	<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. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 201911519255-508
 Amount of Each Receipt this Period
 79.00
 Memo Item

B. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-507
 Amount of Each Receipt this Period
 79.00
 Memo Item

C. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-507
 Amount of Each Receipt this Period
 79.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.00
TOTAL This Period (last page this line 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 578 OF 798
	<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. Roberts, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1658.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-506
 Amount of Each Receipt this Period 79.00
 Memo Item

B. Robinson, Ramon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Investment Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-413
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Robinson, Ramon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Investment Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-413
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	101.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 579 OF 798
	<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. Robinson, Ramon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Investment Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-412
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Robinson, Ramon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Investment Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-412
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Robinson, Ramon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Investment Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-411
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 580 OF 798
	<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. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-595
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-591
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-589
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 581 OF 798
	<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. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-588
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-588
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-588
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 582 OF 798
	<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. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-582
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-581
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-580
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 583 OF 798
	<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. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-579
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-579
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Roou, Tammy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-578
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 584 OF 798
	<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. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-426
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-426
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-423
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 585 OF 798
	<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. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-422
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-422
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-421
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 586 OF 798
	<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. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-421
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Roudebush, Bradley, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director & Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-420
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-60
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 587 OF 798
	<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. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 **1838.00**

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-60
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 **1838.00**

Date of Receipt **08 / 15 / 2019**
Transaction ID : 7E33FFAE2D654A6DBEEF
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 **1838.00**

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-60
 Amount of Each Receipt this Period **125.00**
 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 588 OF 798
	<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. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-60
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-60
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-60
 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 589 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-60
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-58
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-58
 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 590 OF 798
	<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. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-58
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Ruhl, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Carnegie Ctr
 Ste 20
 City Princeton State NJ Zip Code 08540-6239
 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 ▼ 1838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-58
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 3rd Ave Fl 2
 City New Canaan State NY Zip Code 10022-7250
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-43
 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 591 OF 798
	<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. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 3rd Ave Fl 2
 City New Canaan State NY Zip Code 10022-7250
 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 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-43
 Amount of Each Receipt this Period **208.00**
 Memo Item

B. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 3rd Ave Fl 2
 City New Canaan State NY Zip Code 10022-7250
 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 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 47A0C99196EE4D4DAEE8
 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 875 3rd Ave Fl 2
 City New Canaan State NY Zip Code 10022-7250
 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 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-43
 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 592 OF 798
	<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. Russo, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 3rd Ave Fl 2

City New Canaan	State NY	Zip Code 10022-7250
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 2019091519174-43

Amount of Each Receipt this Period
208.00

Memo Item

B. Russo, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 3rd Ave Fl 2

City New Canaan	State NY	Zip Code 10022-7250
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019093019134-43

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 875 3rd Ave Fl 2

City New Canaan	State NY	Zip Code 10022-7250
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 201910151995-43

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 593 OF 798
	<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. Russo, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 3rd Ave Fl 2

City New Canaan	State NY	Zip Code 10022-7250
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019103119135-43

Amount of Each Receipt this Period
208.00

Memo Item

B. Russo, Matt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 3rd Ave Fl 2

City New Canaan	State NY	Zip Code 10022-7250
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519215-42

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 875 3rd Ave Fl 2

City New Canaan	State NY	Zip Code 10022-7250
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112719134-42

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 594 OF 798
	<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. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 3rd Ave Fl 2
 City New Canaan State NY Zip Code 10022-7250
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-42
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Russo, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 3rd Ave Fl 2
 City New Canaan State NY Zip Code 10022-7250
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-42
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th Pl Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-21
 Amount of Each Receipt this Period
 100.00
 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 595 OF 798
	<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 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-21
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 21675120302B422692E2
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-21
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 596 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-21
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-21
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-21
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 597 OF 798
	<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 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-21
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-20
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th PI Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-20
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 598 OF 798
	<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 5251 W 116th Pl
 Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-20
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Sarnecki, R, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 W 116th Pl
 Ste 30
 City Leawood State KS Zip Code 66211-7820
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-20
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-767
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line 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 599 OF 798
	<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. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-763
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-760
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-758
 Amount of Each Receipt this Period 35.00
 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 600 OF 798
	<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. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-758
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-758
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-752
 Amount of Each Receipt this Period 35.00
 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 601 OF 798
	<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. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-750
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-749
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-748
 Amount of Each Receipt this Period 35.00
 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 602 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-748
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Schattschneider, Cal, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Campus And Event Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-747
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971
 City Harrisburg State SD Zip Code 57109-9710
 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 ▼ 1008.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-63
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 603 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-63

Amount of Each Receipt this Period
 42.00

Memo Item

B. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 75C2FD7DE91649028FB9

Amount of Each Receipt this Period
 42.00

Memo Item

C. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-64

Amount of Each Receipt this Period
 42.00

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 604 OF 798
	<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. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-64

Amount of Each Receipt this Period
 42.00

Memo Item

B. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-64

Amount of Each Receipt this Period
 42.00

Memo Item

C. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-64

Amount of Each Receipt this Period
 42.00

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 605 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-64

Amount of Each Receipt this Period
 42.00

Memo Item

B. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-62

Amount of Each Receipt this Period
 42.00

Memo Item

C. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971

City Harrisburg	State SD	Zip Code 57109-9710
--------------------	-------------	------------------------

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 ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-62

Amount of Each Receipt this Period
 42.00

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 606 OF 798
	<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. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971
 City Harrisburg State SD Zip Code 57109-9710
 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 **1008.00**

Date of Receipt **12 / 15 / 2019**
Transaction ID : 201912151995-62
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Schenkel, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8971
 City Harrisburg State SD Zip Code 57109-9710
 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 **1008.00**

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119135-62
 Amount of Each Receipt this Period **42.00**
 Memo Item

C. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **552.00**

Date of Receipt **07 / 15 / 2019**
Transaction ID : 2019071319137-617
 Amount of Each Receipt this Period **24.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line 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 607 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-613
 Amount of Each Receipt this Period
 24.00
 Memo Item

B. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-611
 Amount of Each Receipt this Period
 24.00
 Memo Item

C. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-609
 Amount of Each Receipt this Period
 24.00
 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 608 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-609
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-609
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-603
 Amount of Each Receipt this Period 24.00
 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 609 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-602
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-601
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-600
 Amount of Each Receipt this Period 24.00
 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 610 OF 798
	<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. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-600
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Schickert, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-599
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-572
 Amount of Each Receipt this Period 208.00
 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 611 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-568
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-566
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-565
 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 612 OF 798
	<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. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-565
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-565
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-560
 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 613 OF 798
	<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. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-559
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-558
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-557
 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 614 OF 798
	<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. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-557
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Schlifske, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-556
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1188.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-402
 Amount of Each Receipt this Period 49.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	465.00
TOTAL This Period (last page this line 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 615 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 1188.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-400
 Amount of Each Receipt this Period 49.00
 Memo Item

B. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1188.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-399
 Amount of Each Receipt this Period 49.00
 Memo Item

C. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1188.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-398
 Amount of Each Receipt this Period 49.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	147.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 616 OF 798
	<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. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1188.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-398
 Amount of Each Receipt this Period 49.00
 Memo Item

B. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1188.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-398
 Amount of Each Receipt this Period 49.00
 Memo Item

C. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1188.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-395
 Amount of Each Receipt this Period 49.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	147.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 617 OF 798
(check only one)

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

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

A. Schneider, Rodd, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Litig & Dist Counsel
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1188.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-394

Amount of Each Receipt this Period
49.00

Memo Item

B. Schneider, Rodd, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Litig & Dist Counsel
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1188.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-394

Amount of Each Receipt this Period
49.00

Memo Item

C. Schneider, Rodd, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Litig & Dist Counsel
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1188.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-393

Amount of Each Receipt this Period
49.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	147.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 618 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 1188.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-393
 Amount of Each Receipt this Period 49.00
 Memo Item

B. Schneider, Rodd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1188.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-392
 Amount of Each Receipt this Period 49.00
 Memo Item

C. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-566
 Amount of Each Receipt this Period 101.00
 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 619 OF 798
	<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. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-562
 Amount of Each Receipt this Period 101.00
 Memo Item

B. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-560
 Amount of Each Receipt this Period 101.00
 Memo Item

C. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-559
 Amount of Each Receipt this Period 101.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	303.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 620 OF 798
	<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. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-559
 Amount of Each Receipt this Period 101.00
 Memo Item

B. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-559
 Amount of Each Receipt this Period 101.00
 Memo Item

C. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-554
 Amount of Each Receipt this Period 101.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	303.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 621 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Schneider, Sarah, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Services
------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2376.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2019

Transaction ID : 2019102919135-553

Amount of Each Receipt this Period
101.00

Memo Item

B. Schneider, Sarah, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Services
------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2376.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 2019111519255-552

Amount of Each Receipt this Period
101.00

Memo Item

C. Schneider, Sarah, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Distribution Services
------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2376.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-551

Amount of Each Receipt this Period
101.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	303.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 622 OF 798
	<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. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-551
 Amount of Each Receipt this Period 101.00
 Memo Item

B. Schneider, Sarah, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2376.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-550
 Amount of Each Receipt this Period 101.00
 Memo Item

C. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-660
 Amount of Each Receipt this Period 91.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 623 OF 798
	<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. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-656
 Amount of Each Receipt this Period 91.00
 Memo Item

B. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-654
 Amount of Each Receipt this Period 91.00
 Memo Item

C. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-652
 Amount of Each Receipt this Period 91.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 624 OF 798
	<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. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 201909131995-652
 Amount of Each Receipt this Period
 91.00
 Memo Item

B. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-652
 Amount of Each Receipt this Period
 91.00
 Memo Item

C. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-646
 Amount of Each Receipt this Period
 91.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 625 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-645
 Amount of Each Receipt this Period 91.00
 Memo Item

B. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-644
 Amount of Each Receipt this Period 91.00
 Memo Item

C. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-643
 Amount of Each Receipt this Period 91.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	273.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 626 OF 798
	<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. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-643
 Amount of Each Receipt this Period 91.00
 Memo Item

B. Schultz, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-642
 Amount of Each Receipt this Period 91.00
 Memo Item

C. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-58
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line 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 627 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-58
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : BAA00C2331F94C5A92CA
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-58
 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 628 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-58
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-58
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-58
 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 629 OF 798
	<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. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-58
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-56
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-56
 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 630 OF 798
	<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. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-56
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Seiden, Adam, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Park Ave
 Ste 180
 City New York State NY Zip Code 10167-0002
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-56
 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 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-23
 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 631 OF 798
	<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. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073119917-23
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 7B2503CDD5664BB38C7E
 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 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-23
 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 632 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-23
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-23
 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 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-23
 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 633 OF 798
	<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. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-23
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-22
 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 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-22
 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 634 OF 798
	<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. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-22
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Seitzinger, Brad, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Wilshire Dr
 Ste 30
 City Troy State MI Zip Code 48084-1665
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-22
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Shaw, Timothy, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Re
 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
 11 / 15 / 2019
Transaction ID : 2019111519255-410
 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 635 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Shaw, Timothy, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
11	/	30	/	2019

Transaction ID : 2019112819134-409

Amount of Each Receipt this Period
10.00

Memo Item

B. Shaw, Timothy, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
12	/	15	/	2019

Transaction ID : 2019121311576-409

Amount of Each Receipt this Period
10.00

Memo Item

C. Shaw, Timothy, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
12	/	31	/	2019

Transaction ID : 2019123119175-408

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 636 OF 798
	<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. Silber, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-399
 Amount of Each Receipt this Period 9.00
 Memo Item

B. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-789
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-785
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	179.00
TOTAL This Period (last page this line 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 637 OF 798
	<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. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-782
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-780
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-780
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 638 OF 798
	<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. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-780
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-774
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-772
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 639 OF 798
	<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. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-771
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-770
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-770
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 640 OF 798
	<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. Simbro, David, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Risk Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-769
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-808
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-804
 Amount of Each Receipt this Period
 18.00
 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 641 OF 798
	<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. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-801
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-799
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-799
 Amount of Each Receipt this Period 18.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 642 OF 798
(check only one)

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

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

A. Smith, Walter, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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		2019

Transaction ID : 2019092819135-799

Amount of Each Receipt this Period
18.00

Memo Item

B. Smith, Walter, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
10		15		2019

Transaction ID : 2019101616574-793

Amount of Each Receipt this Period
18.00

Memo Item

C. Smith, Walter, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

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
10		31		2019

Transaction ID : 2019102919135-791

Amount of Each Receipt this Period
18.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 643 OF 798
	<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. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-790
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-789
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-789
 Amount of Each Receipt this Period 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 644 OF 798
	<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. Smith, Walter, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-788
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-398
 Amount of Each Receipt this Period 33.00
 Memo Item

C. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-397
 Amount of Each Receipt this Period 33.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 645 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 396.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-397
 Amount of Each Receipt this Period 33.00
 Memo Item

B. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 396.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-396
 Amount of Each Receipt this Period 33.00
 Memo Item

C. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 396.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-396
 Amount of Each Receipt this Period 33.00
 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 646 OF 798
	<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. Spiegelman, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Senior Director - Tech Govern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-395
 Amount of Each Receipt this Period 33.00
 Memo Item

B. Sprengel, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Ltc Product Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-672
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Sprengel, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Ltc Product Develop
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-671
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.00
TOTAL This Period (last page this line 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 647 OF 798
	<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. Sprenkel, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Ltc Product Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-671
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Sprenkel, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ad Ltc Product Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-670
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Market St Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 ▼ 1008.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-65
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 648 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Stanley, Tony, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1818 Market St
Ste 340

City Philadelphia State PA Zip Code 19103-3638

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 ▼ 1008.00

Date of Receipt **07 / 31 / 2019**

Transaction ID : 2019073119917-65

Amount of Each Receipt this Period 42.00

Memo Item

B. Stanley, Tony, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1818 Market St
Ste 340

City Philadelphia State PA Zip Code 19103-3638

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 ▼ 1008.00

Date of Receipt **08 / 15 / 2019**

Transaction ID : B69C7D8F684D48D9949F

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 1818 Market St
Ste 340

City Philadelphia State PA Zip Code 19103-3638

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 ▼ 1008.00

Date of Receipt **08 / 31 / 2019**

Transaction ID : 201908301995-66

Amount of Each Receipt this Period 42.00

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 649 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 **1008.00**

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-66
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 **1008.00**

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-66
 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 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 **1008.00**

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-66
 Amount of Each Receipt this Period **42.00**
 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 650 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 ▼ 1008.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019103119135-66
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 ▼ 1008.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-64
 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 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 ▼ 1008.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112719134-64
 Amount of Each Receipt this Period 42.00
 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 651 OF 798
	<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. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-64
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Stanley, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Market St
 Ste 340
 City Philadelphia State PA Zip Code 19103-3638
 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 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-64
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Steffen, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 11 / 15 / 2019
Transaction ID : 2019111519255-730
 Amount of Each Receipt this Period
 10.00
 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 652 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Steffen, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 11 / 30 / 2019
Transaction ID : 2019112819134-729
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Steffen, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 12 / 15 / 2019
Transaction ID : 2019121311576-729
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Steffen, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Director Engineering
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-728
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 653 OF 798
	<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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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-458
 Amount of Each Receipt this Period
 23.00
 Memo Item

B. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-456
 Amount of Each Receipt this Period
 23.00
 Memo Item

C. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-454
 Amount of Each Receipt this Period
 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 654 OF 798
	<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. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-453
 Amount of Each Receipt this Period 23.00
 Memo Item

B. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 201909131995-453
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-453
 Amount of Each Receipt this Period 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 655 OF 798
	<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. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-450
 Amount of Each Receipt this Period 23.00
 Memo Item

B. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-449
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-449
 Amount of Each Receipt this Period 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 656 OF 798
	<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. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-448
 Amount of Each Receipt this Period 23.00
 Memo Item

B. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-448
 Amount of Each Receipt this Period 23.00
 Memo Item

C. Steigman, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-447
 Amount of Each Receipt this Period 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 657 OF 798
	<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. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Broadway
 One America Plaza, Ste 60
 City San Diego State CA Zip Code 92101-3311
 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 ▼ 588.00

Date of Receipt 08 / 15 / 2019
Transaction ID : A1208A6FCD5A4CE3A709
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Broadway
 One America Plaza, Ste 60
 City San Diego State CA Zip Code 92101-3311
 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 ▼ 588.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 201908301995-37
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Broadway
 One America Plaza, Ste 60
 City San Diego State CA Zip Code 92101-3311
 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 ▼ 588.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 2019091519174-37
 Amount of Each Receipt this Period 42.00
 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 658 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Stewart, Thomas, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 W Broadway
One America Plaza, Ste 60

City San Diego State CA Zip Code 92101-3311

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 ▼ 588.00

Date of Receipt 09 / 30 / 2019

Transaction ID : 2019093019134-37

Amount of Each Receipt this Period 42.00

Memo Item

B. Stewart, Thomas, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 W Broadway
One America Plaza, Ste 60

City San Diego State CA Zip Code 92101-3311

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 ▼ 588.00

Date of Receipt 10 / 15 / 2019

Transaction ID : 201910151995-37

Amount of Each Receipt this Period 42.00

Memo Item

C. Stewart, Thomas, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 W Broadway
One America Plaza, Ste 60

City San Diego State CA Zip Code 92101-3311

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 ▼ 588.00

Date of Receipt 10 / 31 / 2019

Transaction ID : 2019103119135-37

Amount of Each Receipt this Period 42.00

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 659 OF 798
	<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. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Broadway
 One America Plaza, Ste 60
 City San Diego State CA Zip Code 92101-3311
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-36
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Broadway
 One America Plaza, Ste 60
 City San Diego State CA Zip Code 92101-3311
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-36
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Broadway
 One America Plaza, Ste 60
 City San Diego State CA Zip Code 92101-3311
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-36
 Amount of Each Receipt this Period
 42.00
 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 660 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Stewart, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 W Broadway
 One America Plaza, Ste 60
 City San Diego State CA Zip Code 92101-3311
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-36
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-505
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-502
 Amount of Each Receipt this Period
 30.00
 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 661 OF 798
	<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. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-500
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-499
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-499
 Amount of Each Receipt this Period 30.00
 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 662 OF 798
	<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. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-499
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 2019101616574-495
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-494
 Amount of Each Receipt this Period 30.00
 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 663 OF 798
	<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. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 201911519255-493
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-492
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-492
 Amount of Each Receipt this Period 30.00
 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 664 OF 798
	<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. Stone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-491
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-38
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-38
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	446.00
TOTAL This Period (last page this line 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 665 OF 798
	<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 1515 S Federal Hwy
Ste 208

City Boca Raton	State FL	Zip Code 33432-7404
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : A6D6271418D84C05B867

Amount of Each Receipt this Period
208.00

Memo Item

B. Striano, Peter, F, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1515 S Federal Hwy
Ste 208

City Boca Raton	State FL	Zip Code 33432-7404
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 201908301995-38

Amount of Each Receipt this Period
208.00

Memo Item

C. Striano, Peter, F, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1515 S Federal Hwy
Ste 208

City Boca Raton	State FL	Zip Code 33432-7404
--------------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 2019091519174-38

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 666 OF 798
	<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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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 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-38
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-38
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-38
 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 667 OF 798
	<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. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 4992.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519215-37
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 4992.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112719134-37
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Striano, Peter, F, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 S Federal Hwy Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 4992.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912151995-37
 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 668 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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 1515 S Federal Hwy
 Ste 208
 City Boca Raton State FL Zip Code 33432-7404
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-37
 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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-798
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-794
 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 669 OF 798
	<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. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 08 / 15 / 2019
Transaction ID : 2019081519215-791
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 08 / 31 / 2019
Transaction ID : 2019083019135-789
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-789
 Amount of Each Receipt this Period 20.00
 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 670 OF 798
	<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. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019092819135-789
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-783
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-781
 Amount of Each Receipt this Period
 20.00
 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 671 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-780
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-779
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-779
 Amount of Each Receipt this Period 20.00
 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 672 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Stribling, Steven, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-778
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-641
 Amount of Each Receipt this Period
 54.00
 Memo Item

C. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-637
 Amount of Each Receipt this Period
 54.00
 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 673 OF 798
	<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. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-635
 Amount of Each Receipt this Period 54.00
 Memo Item

B. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-633
 Amount of Each Receipt this Period 54.00
 Memo Item

C. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-633
 Amount of Each Receipt this Period 54.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 674 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-633
 Amount of Each Receipt this Period 54.00
 Memo Item

B. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-627
 Amount of Each Receipt this Period 54.00
 Memo Item

C. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-626
 Amount of Each Receipt this Period 54.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	162.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 675 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt
 11 / 15 / 2019
Transaction ID : 201911519255-625
 Amount of Each Receipt this Period 54.00
 Memo Item

B. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-624
 Amount of Each Receipt this Period 54.00
 Memo Item

C. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-624
 Amount of Each Receipt this Period 54.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 676 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Stugelmeyer, Brenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Re, Tax & Corp Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1164.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-623
 Amount of Each Receipt this Period 54.00
 Memo Item

B. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 201909131995-711
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019092819135-711
 Amount of Each Receipt this Period 17.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 677 OF 798
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-705
 Amount of Each Receipt this Period 17.00
 Memo Item

B. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-704
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-703
 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 678 OF 798
	<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. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 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
 11 / 30 / 2019
Transaction ID : 2019112819134-702
 Amount of Each Receipt this Period 17.00
 Memo Item

B. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 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
 12 / 15 / 2019
Transaction ID : 2019121311576-702
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Sullivan, Matthew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Px Readiness & Adoption
 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
 12 / 31 / 2019
Transaction ID : 2019123119175-701
 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 679 OF 798
	<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. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-636
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-632
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-630
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 680 OF 798
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-628
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-628
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-628
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 681 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 456.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-622
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-621
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Swoboda, Benjamin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-620
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 682 OF 798
(check only one)

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

A. Swoboda, Benjamin, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2019

Transaction ID : 2019112819134-619

Amount of Each Receipt this Period

19.00

 Memo Item

B. Swoboda, Benjamin, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-619

Amount of Each Receipt this Period

19.00

 Memo Item

C. Swoboda, Benjamin, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-618

Amount of Each Receipt this Period

19.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 683 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Szafranski, Christine, , ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-457

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Szafranski, Christine, , ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-456

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Szafranski, Christine, , ,

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Risk Mgmt
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-455

Amount of Each Receipt this Period
20.00

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 684 OF 798
	<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. Szafranski, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-455
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Szafranski, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-454
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Taylor, Lynda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Prod Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-545
 Amount of Each Receipt this Period 11.00
 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 685 OF 798
	<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. Taylor, Lynda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Prod Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-544
 Amount of Each Receipt this Period 11.00
 Memo Item

B. Taylor, Lynda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Prod Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-543
 Amount of Each Receipt this Period 11.00
 Memo Item

C. Taylor, Lynda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Prod Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-542
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 686 OF 798
	<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. Taylor, Lynda, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Prod Development
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2019

Transaction ID : 2019121311576-542

Amount of Each Receipt this Period
11.00

Memo Item

B. Taylor, Lynda, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir Prod Development
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : 2019123119175-541

Amount of Each Receipt this Period
11.00

Memo Item

C. Tews, Michael, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9300 Underwood Ave
Ste 500

City Omaha	State NE	Zip Code 68114-2690
---------------	-------------	------------------------

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 ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : 201907151995-7

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 687 OF 798
	<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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-7
 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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : C346CE7BC4614C4EB980
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Tews, Michael, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-7
 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 688 OF 798
	<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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-7
 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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-7
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Tews, Michael, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-7
 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 689 OF 798
	<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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 3000.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-7
 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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 3000.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-6
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Tews, Michael, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 3000.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-6
 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 690 OF 798
	<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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-6
 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 9300 Underwood Ave
 Ste 500
 City Omaha State NE Zip Code 68114-2690
 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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-6
 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 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-18
 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 691 OF 798
	<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 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073119917-18
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 5894AB5468364F7D852A
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 201908301995-18
 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 692 OF 798
	<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. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-18
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-18
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-18
 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 693 OF 798
	<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. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-18
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-17
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-17
 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 694 OF 798
	<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. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-17
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Theodore, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 S Bellaire St
 Ste 1600
 City Denver State CO Zip Code 80222-4360
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-17
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-741
 Amount of Each Receipt this Period
 25.00
 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: PAGE 695 OF 798 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-737
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-735
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-733
 Amount of Each Receipt this Period
 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 696 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-733
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-733
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-727
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 697 OF 798
	<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. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-725
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-724
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-723
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 698 OF 798
	<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. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-723
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Timmer, Douglas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-722
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Tolzman, Gina, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Client Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-511
 Amount of Each Receipt this Period 10.00
 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 699 OF 798
	<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. Tolzman, Gina, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Client Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-510
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Tolzman, Gina, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Client Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 15 / 2019**
Transaction ID : 2019121311576-510
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Tolzman, Gina, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Client Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : 2019123119175-509
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 700 OF 798
	<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. Trevey, William, M, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir, Corp Engagement
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-449

Amount of Each Receipt this Period
12.00

Memo Item

B. Trevey, William, M, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir, Corp Engagement
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-449

Amount of Each Receipt this Period
12.00

Memo Item

C. Trevey, William, M, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir, Corp Engagement
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-446

Amount of Each Receipt this Period
12.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 701 OF 798
	<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. Trevey, William, M, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir, Corp Engagement
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-445

Amount of Each Receipt this Period
12.00

Memo Item

B. Trevey, William, M, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir, Corp Engagement
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-445

Amount of Each Receipt this Period
12.00

Memo Item

C. Trevey, William, M, , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) SR Dir, Corp Engagement
------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-444

Amount of Each Receipt this Period
12.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 702 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Trevey, William, M, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir, Corp Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-444
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Trevey, William, M, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir, Corp Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-443
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd Ste 120
 City Latham State NY Zip Code 12110-1028
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-49
 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 703 OF 798
	<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. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-49
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 4752C1C2F9A147D7A3D6
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-49
 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 704 OF 798
	<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. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 **4992.00**

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-49
 Amount of Each Receipt this Period **208.00**
 Memo Item

B. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 **4992.00**

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-49
 Amount of Each Receipt this Period **208.00**
 Memo Item

C. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 **4992.00**

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-49
 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 705 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-49
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-48
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-48
 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 706 OF 798
	<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. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-48
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Tronco, Alex, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Troy Schenectady Rd
 Ste 120
 City Latham State NY Zip Code 12110-1028
 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 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-48
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 972.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-457
 Amount of Each Receipt this Period
 41.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	457.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 707 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-455
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-453
 Amount of Each Receipt this Period 41.00
 Memo Item

C. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-452
 Amount of Each Receipt this Period 41.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 708 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-452
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-452
 Amount of Each Receipt this Period 41.00
 Memo Item

C. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-449
 Amount of Each Receipt this Period 41.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 709 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-448
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-448
 Amount of Each Receipt this Period 41.00
 Memo Item

C. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-447
 Amount of Each Receipt this Period 41.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 710 OF 798
	<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. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-447
 Amount of Each Receipt this Period 41.00
 Memo Item

B. Trost, Chris, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 972.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-446
 Amount of Each Receipt this Period 41.00
 Memo Item

C. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 K St NW Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-33
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line 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 711 OF 798
	<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. Tucker, Leo, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 K St NW
Ste 21

City Washington State DC Zip Code 20006-1301

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 ▼ 4992.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2019

Transaction ID : 2019073119917-33

Amount of Each Receipt this Period

208.00

Memo Item

B. Tucker, Leo, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 K St NW
Ste 21

City Washington State DC Zip Code 20006-1301

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 ▼ 4992.00

Date of Receipt

MM / DD / YYYY
08 / 15 / 2019

Transaction ID : 0F85A8D5F69D49598203

Amount of Each Receipt this Period

208.00

Memo Item

C. Tucker, Leo, C, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 K St NW
Ste 21

City Washington State DC Zip Code 20006-1301

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 ▼ 4992.00

Date of Receipt

MM / DD / YYYY
08 / 31 / 2019

Transaction ID : 201908301995-33

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 712 OF 798
	<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 1801 K St NW
 Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-33
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 K St NW
 Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-33
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 K St NW
 Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-33
 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 713 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 K St NW Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019103119135-33
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 K St NW Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519215-32
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 K St NW Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112719134-32
 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 714 OF 798
	<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 1801 K St NW
 Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-32
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Tucker, Leo, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 K St NW
 Ste 21
 City Washington State DC Zip Code 20006-1301
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-32
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Westerre Pkwy
 Ste 300
 City Henrico State VA Zip Code 23233-1341
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-10
 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 715 OF 798
	<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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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 3901 Westerre Pkwy
Ste 300

City Henrico	State VA	Zip Code 23233-1341
-----------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019

Transaction ID : 2019073119917-10

Amount of Each Receipt this Period
208.00

Memo Item

B. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 Westerre Pkwy
Ste 300

City Henrico	State VA	Zip Code 23233-1341
-----------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019

Transaction ID : 45D495F966C24E29A935

Amount of Each Receipt this Period
208.00

Memo Item

C. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 Westerre Pkwy
Ste 300

City Henrico	State VA	Zip Code 23233-1341
-----------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019

Transaction ID : 201908301995-10

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 716 OF 798
	<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. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Westerre Pkwy Ste 300
 City Henrico State VA Zip Code 23233-1341
 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 ▼ 4992.00

Date of Receipt **09 / 15 / 2019**
Transaction ID : 2019091519174-10
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Westerre Pkwy Ste 300
 City Henrico State VA Zip Code 23233-1341
 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 ▼ 4992.00

Date of Receipt **09 / 30 / 2019**
Transaction ID : 2019093019134-10
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Westerre Pkwy Ste 300
 City Henrico State VA Zip Code 23233-1341
 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 ▼ 4992.00

Date of Receipt **10 / 15 / 2019**
Transaction ID : 201910151995-10
 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 717 OF 798
	<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. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 Westerre Pkwy
Ste 300

City Henrico	State VA	Zip Code 23233-1341
-----------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019103119135-10

Amount of Each Receipt this Period
208.00

Memo Item

B. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 Westerre Pkwy
Ste 300

City Henrico	State VA	Zip Code 23233-1341
-----------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519215-9

Amount of Each Receipt this Period
208.00

Memo Item

C. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 Westerre Pkwy
Ste 300

City Henrico	State VA	Zip Code 23233-1341
-----------------	-------------	------------------------

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 ▼
4992.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112719134-9

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 718 OF 798
	<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. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 Westerre Pkwy
Ste 300

City Henrico State VA Zip Code 23233-1341

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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-9

Amount of Each Receipt this Period
 208.00

Memo Item

B. Van Der Hyde, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3901 Westerre Pkwy
Ste 300

City Henrico State VA Zip Code 23233-1341

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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-9

Amount of Each Receipt this Period
 208.00

Memo Item

C. Vanderhorst, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 2019101616574-417

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 719 OF 798
	<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. Vanderhorst, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-416
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Vanderhorst, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-416
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Vanderhorst, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-415
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 720 OF 798
	<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. Vanderhorst, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-415
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Vanderhorst, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Principal Distrib Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-414
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp& Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-680
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	62.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 721 OF 798
	<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. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-676
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-674
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-672
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 722 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-672
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-672
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-666
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 723 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-665
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-664
 Amount of Each Receipt this Period 38.00
 Memo Item

C. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-663
 Amount of Each Receipt this Period 38.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 724 OF 798
	<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. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-663
 Amount of Each Receipt this Period
 38.00
 Memo Item

B. Vandommelen, Deborah, , , md
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-662
 Amount of Each Receipt this Period
 38.00
 Memo Item

C. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-800
 Amount of Each Receipt this Period
 37.00
 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 725 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073019911-796
 Amount of Each Receipt this Period 37.00
 Memo Item

B. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 2019081519215-793
 Amount of Each Receipt this Period 37.00
 Memo Item

C. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 2019083019135-791
 Amount of Each Receipt this Period 37.00
 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 726 OF 798
	<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
-----------------------------	-----------------------------	-----------------------------

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. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-791
 Amount of Each Receipt this Period 37.00
 Memo Item

B. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-791
 Amount of Each Receipt this Period 37.00
 Memo Item

C. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-785
 Amount of Each Receipt this Period 37.00
 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 727 OF 798
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-783
 Amount of Each Receipt this Period 37.00
 Memo Item

B. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-782
 Amount of Each Receipt this Period 37.00
 Memo Item

C. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-781
 Amount of Each Receipt this Period 37.00
 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 728 OF 798
	<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. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-781
 Amount of Each Receipt this Period 37.00
 Memo Item

B. Vedder, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solv Plcy & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 828.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-780
 Amount of Each Receipt this Period 37.00
 Memo Item

C. Waller, Benjamin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Product Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-613
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 84.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 729 OF 798
	<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. Waller, Benjamin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Product Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 30 / 2019
Transaction ID : 2019112819134-612
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Waller, Benjamin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Product Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-612
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Waller, Benjamin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Dir Product Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-611
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line 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 730 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Walls, Nancy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Product Acct Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 12 / 15 / 2019
Transaction ID : 2019121311576-611
 Amount of Each Receipt this Period 9.00
 Memo Item

B. Walls, Nancy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Product Acct Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 12 / 31 / 2019
Transaction ID : 2019123119175-610
 Amount of Each Receipt this Period 9.00
 Memo Item

C. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 07 / 15 / 2019
Transaction ID : 2019071319137-714
 Amount of Each Receipt this Period 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 731 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-710
 Amount of Each Receipt this Period
 18.00
 Memo Item

B. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-708
 Amount of Each Receipt this Period
 18.00
 Memo Item

C. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-706
 Amount of Each Receipt this Period
 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 732 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Warren, John, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-706

Amount of Each Receipt this Period
18.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-706

Amount of Each Receipt this Period
18.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-700

Amount of Each Receipt this Period
18.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 733 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-699
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-698
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-697
 Amount of Each Receipt this Period 18.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 734 OF 798
	<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. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 201912311576-697
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Warren, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-696
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-586
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 56.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 735 OF 798
	<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. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-582
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-580
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-579
 Amount of Each Receipt this Period
 20.00
 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 736 OF 798
	<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. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-579
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-579
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-573
 Amount of Each Receipt this Period 20.00
 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 737 OF 798
	<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. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 10 / 31 / 2019
Transaction ID : 2019102919135-572
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 2019111519255-571
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 11 / 30 / 2019
Transaction ID : 2019112819134-570
 Amount of Each Receipt this Period 20.00
 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 738 OF 798
	<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. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-570
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Wassweiler, Andrew, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-569
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 2019071319137-593
 Amount of Each Receipt this Period 88.00
 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 739 OF 798
	<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. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-589
 Amount of Each Receipt this Period
 88.00
 Memo Item

B. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-587
 Amount of Each Receipt this Period
 88.00
 Memo Item

C. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-586
 Amount of Each Receipt this Period
 88.00
 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 740 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 2016.00

Date of Receipt
 09 / 15 / 2019
Transaction ID : 201909131995-586
 Amount of Each Receipt this Period 88.00
 Memo Item

B. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt
 09 / 30 / 2019
Transaction ID : 2019092819135-586
 Amount of Each Receipt this Period 88.00
 Memo Item

C. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt
 10 / 15 / 2019
Transaction ID : 2019101616574-580
 Amount of Each Receipt this Period 88.00
 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 741 OF 798
	<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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 2016.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : 2019102919135-579
 Amount of Each Receipt this Period 88.00
 Memo Item

B. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : 2019111519255-578
 Amount of Each Receipt this Period 88.00
 Memo Item

C. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : 2019112819134-577
 Amount of Each Receipt this Period 88.00
 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 742 OF 798
	<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. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 12 / 15 / 2019
Transaction ID : 2019121311576-577
 Amount of Each Receipt this Period 88.00
 Memo Item

B. Williams-Kemp, Kamilah, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp New Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 2019123119175-576
 Amount of Each Receipt this Period 88.00
 Memo Item

C. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 201907151995-48
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
TOTAL This Period (last page this line 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 743 OF 798
	<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. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 2019073119917-48
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt **08 / 15 / 2019**
Transaction ID : 8C07021597794C328FDF
 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 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt **08 / 31 / 2019**
Transaction ID : 201908301995-48
 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 744 OF 798
	<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. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : 2019091519174-48
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : 2019093019134-48
 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 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : 201910151995-48
 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 745 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019103119135-48
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519215-47
 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 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112719134-47
 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 746 OF 798
	<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. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 201912151995-47
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Worrell, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6235 Morrison Blvd
 City Charlotte State NC Zip Code 28211-3508
 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 ▼ 4992.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119135-47
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Wright, John, William, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3438 Peachtree Rd NE Ste 1200
 City Atlanta State GA Zip Code 30326-1555
 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 201907151995-22
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	457.67
TOTAL This Period (last page this line 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 747 OF 798
	<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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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 3438 Peachtree Rd NE
Ste 1200

City Atlanta	State GA	Zip Code 30326-1555
-----------------	-------------	------------------------

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 ▼
1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : 2019073119917-22

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 3438 Peachtree Rd NE
Ste 1200

City Atlanta	State GA	Zip Code 30326-1555
-----------------	-------------	------------------------

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 ▼
1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : 91A0976997DF42FDB2A4

Amount of Each Receipt this Period
41.67

Memo Item

C. Wright, John, William, , II

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3438 Peachtree Rd NE
Ste 1200

City Atlanta	State GA	Zip Code 30326-1555
-----------------	-------------	------------------------

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 ▼
1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 201908301995-22

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line 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 748 OF 798
	<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. Wright, John, William, , II

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt 09 / 15 / 2019

Transaction ID : 2019091519174-22

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 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt 09 / 30 / 2019

Transaction ID : 2019093019134-22

Amount of Each Receipt this Period 41.67

Memo Item

C. Wright, John, William, , II

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt 10 / 15 / 2019

Transaction ID : 201910151995-22

Amount of Each Receipt this Period 41.67

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01

TOTAL This Period (last page this line 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 749 OF 798
	<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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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 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt **10 / 31 / 2019**

Transaction ID : 2019103119135-22

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 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt **11 / 15 / 2019**

Transaction ID : 2019111519215-21

Amount of Each Receipt this Period 41.67

Memo Item

C. Wright, John, William, , II

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt **11 / 30 / 2019**

Transaction ID : 2019112719134-21

Amount of Each Receipt this Period 41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line 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 750 OF 798
	<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 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt 12 / 15 / 2019

Transaction ID : 201912151995-21

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 3438 Peachtree Rd NE
Ste 1200

City Atlanta State GA Zip Code 30326-1555

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 ▼ 1000.08

Date of Receipt 12 / 31 / 2019

Transaction ID : 2019123119135-21

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 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202-4703

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 ▼ 456.00

Date of Receipt 07 / 15 / 2019

Transaction ID : 2019071319137-525

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	103.34
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 751 OF 798
	<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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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 ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : 2019073019911-522

Amount of Each Receipt this Period
20.00

Memo Item

B. Yeazel, Brian, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : 2019081519215-520

Amount of Each Receipt this Period
20.00

Memo Item

C. Yeazel, Brian, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2019

Transaction ID : 2019083019135-519

Amount of Each Receipt this Period
20.00

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 752 OF 798
	<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 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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 ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : 201909131995-519

Amount of Each Receipt this Period
20.00

Memo Item

B. Yeazel, Brian, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : 2019092819135-519

Amount of Each Receipt this Period
20.00

Memo Item

C. Yeazel, Brian, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : 2019101616574-515

Amount of Each Receipt this Period
20.00

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 753 OF 798
	<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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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 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 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 ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 2019102919135-514
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Yeazel, Brian, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : 2019111519255-513
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Yeazel, Brian, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : 2019112819134-512
 Amount of Each Receipt this Period
 20.00
 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 754 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Yeazel, Brian, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : 2019121311576-512
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Yeazel, Brian, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 2019123119175-511
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : 2019071319137-583
 Amount of Each Receipt this Period
 201.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	241.00
TOTAL This Period (last page this line 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 755 OF 798
	<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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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : 2019073019911-579
 Amount of Each Receipt this Period
 201.00
 Memo Item

B. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : 2019081519215-577
 Amount of Each Receipt this Period
 201.00
 Memo Item

C. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : 2019083019135-576
 Amount of Each Receipt this Period
 201.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	603.00
TOTAL This Period (last page this line 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 756 OF 798
	<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. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-576
 Amount of Each Receipt this Period 201.00
 Memo Item

B. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-576
 Amount of Each Receipt this Period 201.00
 Memo Item

C. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-570
 Amount of Each Receipt this Period 201.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	603.00
TOTAL This Period (last page this line 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 757 OF 798
	<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. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt: 10 / 31 / 2019
Transaction ID : 2019102919135-569
 Amount of Each Receipt this Period: 201.00
 Memo Item

B. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt: 11 / 15 / 2019
Transaction ID : 2019111519255-568
 Amount of Each Receipt this Period: 201.00
 Memo Item

C. Zale, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt: 11 / 30 / 2019
Transaction ID : 2019112819134-567
 Amount of Each Receipt this Period: 201.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	603.00
TOTAL This Period (last page this line 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 758 OF 798
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Zale, Thomas, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Real Estate
------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-567

Amount of Each Receipt this Period
201.00

Memo Item

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

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Real Estate
------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-566

Amount of Each Receipt this Period
201.00

Memo Item

C. Zehner, Rick, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Research & Special Projects
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : 2019071319137-711

Amount of Each Receipt this Period
47.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	449.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 759 OF 798
(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. Zehner, Rick, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 2019073019911-707
 Amount of Each Receipt this Period 47.00
 Memo Item

B. Zehner, Rick, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 2019081519215-705
 Amount of Each Receipt this Period 47.00
 Memo Item

C. Zehner, Rick, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 08 / 31 / 2019
Transaction ID : 2019083019135-703
 Amount of Each Receipt this Period 47.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.00
TOTAL This Period (last page this line 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 760 OF 798
	<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. Zehner, Rick, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 09 / 15 / 2019
Transaction ID : 201909131995-703
 Amount of Each Receipt this Period 47.00
 Memo Item

B. Zehner, Rick, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 09 / 30 / 2019
Transaction ID : 2019092819135-703
 Amount of Each Receipt this Period 47.00
 Memo Item

C. Zehner, Rick, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 E Wisconsin Ave
 City Milwaukee State WI Zip Code 53202-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 2019101616574-697
 Amount of Each Receipt this Period 47.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	141.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 761 OF 798
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Zehner, Rick, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
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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 ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : 2019102919135-696

Amount of Each Receipt this Period
47.00

Memo Item

B. Zehner, Rick, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Research & Special Projects
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2019

Transaction ID : 2019111519255-695

Amount of Each Receipt this Period
47.00

Memo Item

C. Zehner, Rick, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Research & Special Projects
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 2019112819134-694

Amount of Each Receipt this Period
47.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	141.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 762 OF 798
(check only one)

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

A. Zehner, Rick, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Research & Special Projects
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : 2019121311576-694

Amount of Each Receipt this Period
47.00

Memo Item

B. Zehner, Rick, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 E Wisconsin Ave

City Milwaukee	State WI	Zip Code 53202-4703
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Research & Special Projects
------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : 2019123119175-693

Amount of Each Receipt this Period
47.00

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.00
TOTAL This Period (last page this line number only).....	184561.50

**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 763 OF 798
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Georgians For Isakson

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Post Office Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00384693

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2019

Transaction ID : DE1E65D5F31B4EDC018

Amount of Each Receipt this Period
4000.00

Memo Item
Refund of 6/5/18 & 8/15/17 Disbursements

B.

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

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).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 : BA5E444B85
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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 : 4D5B097A857
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 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 : 73301F6BAC
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 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 : 89223F5CC8
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 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 : 5D00C408732
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 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 : 4258FDB49C
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. Adrian Smith For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2019

Mailing Address 1126 Avenue A
Ste 6

FEC Identification Number

C C00412890

City State Zip Code
Scottsbluff NE 69361-3563

Transaction ID : 06CDC66AEE

Purpose of Disbursement
2020 Primary

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Smith, Adrian, Michael, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

State: NE District: 03

Full Name (Last, First, Middle Initial)

B. Alex Mooney For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2019

Mailing Address PO Box 1863

FEC Identification Number

C C00629949

City State Zip Code
Martinsburg WV 25402

Transaction ID : 0C11FF20107

Purpose of Disbursement
2020 Primary

011
Category/
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Mooney, Alexander, X., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

State: WV District: 02

Full Name (Last, First, Middle Initial)

C. Angie Craig For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		06		2019

Mailing Address P.O. Box 22116

FEC Identification Number

C C00575209

City State Zip Code
Eagan MN 55122

Transaction ID : D2E4C13C72

Purpose of Disbursement
2020 Primary

011
Category/
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Craig, Angela, Dawn, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

State: MN District: 02

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

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. Ann Wagner For Congress

Full Name (Last, First, Middle Initial)
Ann Wagner For Congress

Date of Disbursement: 09 / 12 / 2019

Mailing Address: PO Box 50

City: Ballwin, State: DC, Zip Code: 63022

Purpose of Disbursement: 2020 Primary

Candidate Name: Wagner, Ann, Louise, ,

Office Sought: House, Senate, President

Disbursement For: 2020, Primary, General, Other (specify) ▼

State: MO, District: 02

FEC Identification Number: C00495846
Transaction ID: B3DD4446C0
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

B. Beatty For Congress

Full Name (Last, First, Middle Initial)
Beatty For Congress

Date of Disbursement: 09 / 26 / 2019

Mailing Address: PO Box 172

City: Columbus, State: OH, Zip Code: 43216

Purpose of Disbursement: 2020 Primary

Candidate Name: Beatty, Joyce, , ,

Office Sought: House, Senate, President

Disbursement For: 2020, Primary, General, Other (specify) ▼

State: OH, District: 03

FEC Identification Number: C00507368
Transaction ID: EF65297BA5I
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

C. Bluegrass Committee

Full Name (Last, First, Middle Initial)
Bluegrass Committee

Date of Disbursement: 10 / 11 / 2019

Mailing Address: 220 1/2 E St., NE

City: Washington, State: DC, Zip Code: 20002

Purpose of Disbursement: 2019 Contribution

Candidate Name: Bluegrass Committee

Office Sought: House, Senate, President

Disbursement For: 2019, Primary, General, Other (specify) ▼ Contribution

State: , District: ,

FEC Identification Number: C00235655
Transaction ID: E102ECC36C
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Brian Higgins For Congress

Mailing Address PO Box 28

City
Buffalo

State
NY

Zip Code
14220

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Higgins, Brian, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 11 / 2019

FEC Identification Number

C C00401034

Transaction ID : FB20E8BE53

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Casten For Congress

Mailing Address PO Box 132

City
Downers Grove

State
IL

Zip Code
60515

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Casten, Sean, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IL District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

FEC Identification Number

C C00648493

Transaction ID : 65ACECBCEI

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Chuy Garcia For Congress

Mailing Address 137 N. 14Th Avenue

City
Melrose Park

State
IL

Zip Code
60160

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Garcia, Jesus, G., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

FEC Identification Number

C C00661777

Transaction ID : 71754CD845I

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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. Citizens For Boyle

Mailing Address PO Box 14310

City Philadelphia

State PA

Zip Code 19115

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Boyle, Brendan, Francis, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2019			

FEC Identification Number

C C00543363

Transaction ID : D6E2A8DFB3

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clay JR. For Congress

Mailing Address PO Box 4544

City St. Louis

State MO

Zip Code 63108

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Clay, William, Lacy, , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			11			2019			

FEC Identification Number

C C00346080

Transaction ID : 5C7CB0CC80

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cleaver For Congress

Mailing Address P.O.Box 411872

City Kansas City

State MO

Zip Code 64141

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Cleaver, Emanuel, , , II

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2019			

FEC Identification Number

C C00395848

Transaction ID : 4908BD910B

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. Denny Heck For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2019

Mailing Address PO Box 235

FEC Identification Number

C C00472159

Transaction ID : E415C4C101

Amount of Each Disbursement this Period

1000.00

Memo Item

City Olympia State WA Zip Code 98507

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Heck, Dennis, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 10

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2019

Mailing Address PO Box 6545

FEC Identification Number

C C00370056

Transaction ID : 328790D24CE

Amount of Each Disbursement this Period

1000.00

Memo Item

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Nunes, Devin, G., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: CA District: 22

Full Name (Last, First, Middle Initial)

C. Duffy For Wisconsin

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2019

Mailing Address PO Box 538

FEC Identification Number

C C00464339

Transaction ID : 973FA27522

Amount of Each Disbursement this Period

2500.00

Memo Item

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Duffy, Sean, Patrick, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: WI District: 07

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Freedom Fund

Mailing Address 1201 Pennsylvania Avenue
Suite 800

City Washington State DC Zip Code 20004

Purpose of Disbursement
2019 Contribution

011
Category/
Type

Candidate Name

Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2019

FEC Identification Number

C C00390674

Transaction ID : 78F77A390B

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of David Schweikert

Mailing Address PO Box 13176
8175 East Evans Road #23176

City Phoenix State AZ Zip Code 85002-3176

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Schweikert, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: AZ District: 06

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2019

FEC Identification Number

C C00540617

Transaction ID : 5D0D3C4E6F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314-6233

Purpose of Disbursement
2020 General

011
Category/
Type

Candidate Name

Warner, Mark, Robert, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: VA District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2019

FEC Identification Number

C C00438713

Transaction ID : F88263BE79

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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

A. George Holding For Congress Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement 2020 Primary

Candidate Name Holding, George, E., ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 02

Date of Disbursement 07 / 11 / 2019

FEC Identification Number C00499236
Transaction ID : 1A65D74A1D

Amount of Each Disbursement this Period 1000.00

Memo Item

B. George Holding For Congress Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement 2020 Primary

Candidate Name Holding, George, E., ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 02

Date of Disbursement 10 / 18 / 2019

FEC Identification Number C00499236
Transaction ID : 39F58FA3267

Amount of Each Disbursement this Period 1000.00

Memo Item

C. George Holding For Congress Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement 2020 General

Candidate Name Holding, George, E., ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 02

Date of Disbursement 11 / 18 / 2019

FEC Identification Number C00499236
Transaction ID : 70FFD46404I

Amount of Each Disbursement this Period 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3500.00

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. George Holding For Congress Inc.

Mailing Address PO Box 97187

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Holding, George, E., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2019			

FEC Identification Number

C C00499236

Transaction ID : C981A0D129I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Giving Willingly Empowering Nationally (GWEN) PAC

Mailing Address PO Box 75357

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
2019 Contribution

011

Category/
Type

Candidate Name

Giving Willingly Empowering Nationally (GWEN) PAC

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			23			2019			

FEC Identification Number

C C00431478

Transaction ID : FC30B003106

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Glenn Grothman For Congress

Mailing Address PO Box 1215

City
Fond Du Lac

State
WI

Zip Code
54964-1215

Purpose of Disbursement
2020 General

011

Category/
Type

Candidate Name

Grothman, Glenn, S., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2019			

FEC Identification Number

C C00561597

Transaction ID : AC5179ADFF

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Glenn Grothman For Congress

Full Name (Last, First, Middle Initial)
Glenn Grothman For Congress

Mailing Address PO Box 1215

City: Fond Du Lac, State: WI, Zip Code: 54964-1215

Purpose of Disbursement: 2020 Primary

Candidate Name: Grothman, Glenn, S., ,

Office Sought: House, Senate, President

Disbursement For: 2020, Primary, General, Other (specify) ▼

State: WI, District: 06

Date of Disbursement: 07 / 23 / 2019

FEC Identification Number: C00561597
Transaction ID: BC4A185D2A
Amount of Each Disbursement this Period: 2000.00

Category/Type: 011

Memo Item

B. Glenn Grothman For Congress

Full Name (Last, First, Middle Initial)
Glenn Grothman For Congress

Mailing Address PO Box 1215

City: Fond Du Lac, State: WI, Zip Code: 54964-1215

Purpose of Disbursement: 2020 General

Candidate Name: Grothman, Glenn, S., ,

Office Sought: House, Senate, President

Disbursement For: 2020, Primary, General, Other (specify) ▼

State: WI, District: 06

Date of Disbursement: 10 / 11 / 2019

FEC Identification Number: C00561597
Transaction ID: EBE2152B72I
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. Haley Stevens For Congress

Full Name (Last, First, Middle Initial)
Haley Stevens For Congress

Mailing Address 33717 Woodward Ave #539

City: Birmingham, State: MI, Zip Code: 48009

Purpose of Disbursement: 2020 Primary

Candidate Name: Stevens, Haley, M., ,

Office Sought: House, Senate, President

Disbursement For: 2020, Primary, General, Other (specify) ▼

State: MI, District: 11

Date of Disbursement: 07 / 11 / 2019

FEC Identification Number: C00638650
Transaction ID: AE255811B3
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Haley Stevens For Congress

Mailing Address 33717 Woodward Ave
#539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Stevens, Haley, M., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2019

FEC Identification Number

C C00638650

Transaction ID : 4E77D550D1!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
2020 Convention

011
Category/
Type

Candidate Name
Himes, James, Andrew, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) Convention

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2019

FEC Identification Number

C C00434191

Transaction ID : D23CD475B8!

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
2020 Convention

011
Category/
Type

Candidate Name
Himes, James, Andrew, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) Convention

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2019

FEC Identification Number

C C00434191

Transaction ID : 2DCFC68EB!

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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. Himes For Congress

Mailing Address 857 Post Road, #312

City
Fairfield

State
CT

Zip Code
06824

Purpose of Disbursement
2020 General

011

Candidate Name

Himes, James, Andrew, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2019			

FEC Identification Number

C C00434191

Transaction ID : 89584D0FAA:

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Mailing Address PO Box 5053

City
Concord

State
NC

Zip Code
28027

Purpose of Disbursement
2020 Primary

011

Candidate Name

Hudson, Richard, Lane, , Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2019			

FEC Identification Number

C C00504522

Transaction ID : 885B724C2C1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Smith For Congress

Mailing Address PO Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702-1324

Purpose of Disbursement
2020 General

011

Candidate Name

Smith, Jason, Thomas, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			26			2019			

FEC Identification Number

C C00541862

Transaction ID : 0649538E2C:

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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. Jimmy Panetta For Congress

Mailing Address PO Box 1579

City
Carmel Valley

State
CA

Zip Code
93924

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name

Panetta, James, V., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 6035511365F
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. John Rose For Tennessee

Mailing Address PO Box 2404

City
Cookeville

State
TN

Zip Code
38502

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name

Rose, John, W., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TN District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8A1A91E936E
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Keystone America PAC

Mailing Address PO Box 58746

City
Philadelphia

State
PA

Zip Code
19102

Purpose of Disbursement
2019 Contribution

Category/
Type

Candidate Name

Keystone America PAC

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : CBD7B662A1
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. Keystone America PAC

Mailing Address PO Box 58746

City Philadelphia

State PA

Zip Code 19102

Purpose of Disbursement
2019 Contribution

011

Category/
Type

Candidate Name

Keystone America PAC

Office Sought:

House
 Senate
 President

Disbursement For: 2019

Primary General
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2019

FEC Identification Number

C C00439992

Transaction ID : 5C4521D746f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5Th Avenue S
Room 411

City La Crosse

State WI

Zip Code 54601

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Kind, Ronald, James, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: WI

District: 03

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2019

FEC Identification Number

C C00312017

Transaction ID : 64A2969D054

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kustoff For Congress

Mailing Address 1661 Aaron Brenner Dr
Ste 300

City Memphis

State TN

Zip Code 38120-1466

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Kustoff, David, F., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: TN

District: 08

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2019

FEC Identification Number

C C00614826

Transaction ID : 017CC01DC6

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. LaHood for Congress

Mailing Address P.O. Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement
2020 Primary

011

Candidate Name

LaHood, Darin, M., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2019

FEC Identification Number

C C00575050

Transaction ID : 54FAA8E48F

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126-1172

Purpose of Disbursement
2020 Convention

011

Candidate Name

Larson, John, Barry, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) Convention

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2019

FEC Identification Number

C C00330142

Transaction ID : 75ED12FB96/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 IVy St., SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2019 Contribution

011

Candidate Name

LEGPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2019

FEC Identification Number

C C00385534

Transaction ID : F69A6C7100

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. Mad 4 Pa PAC

Mailing Address P.O. Box 444

City
Glenside

State
PA

Zip Code
19038

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Dean, Madeleine, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2019			

FEC Identification Number

C C00670844

Transaction ID : 5C3030BAF6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Gallagher For Wisconsin

Mailing Address PO Box 1027

City
Green Bay

State
WI

Zip Code
54305

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Gallagher, Michael, John, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2019			

FEC Identification Number

C C00610212

Transaction ID : 48C4EAF043

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Gallagher For Wisconsin

Mailing Address PO Box 1027

City
Green Bay

State
WI

Zip Code
54305

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Gallagher, Michael, John, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2019			

FEC Identification Number

C C00610212

Transaction ID : F0ED473A8A

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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
2020 General

011

Category/
Type

Candidate Name

Gallagher, Michael, John, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: WI District: 08

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2019

FEC Identification Number

C00610212

Transaction ID : 973F16C21FF

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Gallagher For Wisconsin

Mailing Address PO Box 1027

City Green Bay State WI Zip Code 54305

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Gallagher, Michael, John, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: WI District: 08

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2019

FEC Identification Number

C00610212

Transaction ID : 9E8EA116667

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Kelly, G. Mike, J., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2019

FEC Identification Number

C00474189

Transaction ID : EF2C180476I

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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 Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement 2020 Primary

011
Category/
Type

Candidate Name
Thompson, Michael, C., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2019

FEC Identification Number

C C00326363

Transaction ID : DA56B98AA9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mikie Sherrill For Congress

Mailing Address PO Box 43032

City Montclair State NJ Zip Code 07043

Purpose of Disbursement 2020 Primary

011
Category/
Type

Candidate Name
Sherrill, Mikie, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NJ District: 11

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2019

FEC Identification Number

C C00640003

Transaction ID : 428CE58D744

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13Th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement 2020 Primary

011
Category/
Type

Candidate Name
Pelosi, Nancy, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2019

FEC Identification Number

C C00213512

Transaction ID : 1B3C205393i

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. Nevadans For Steven Horsford

Mailing Address PO Box 336664

City
North Las Vegas

State
NV

Zip Code
89033

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Horsford, Steven, Alexzander, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 09 / 2019

FEC Identification Number

C C00668228

Transaction ID : FD6B10FB53

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. New Millennium PAC

Mailing Address 700 13Th Street NW
Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2019 Contribution

011
Category/
Type

Candidate Name

New Millennium PAC

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 06 / 2019

FEC Identification Number

C C00349233

Transaction ID : BEEF998963C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People's Voice PAC

Mailing Address PO Box 685

City
Madison

State
WI

Zip Code
54850

Purpose of Disbursement
2019 Contribution

011
Category/
Type

Candidate Name

People's Voice PAC

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 24 / 2019

FEC Identification Number

C C00410092

Transaction ID : C0E679269D

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name
Perlmutter, Edwin, George, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CO District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 55D92128F91
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Peters For Michigan

Mailing Address PO Box 32072

City Detroit State MI Zip Code 48244

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name
Peters, Gary, Charles, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4FD48598B72
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name
Price, David, Eugene, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NC District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D7DE55F11F
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. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement
2019 Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2019

FEC Identification Number

C C00440032

Transaction ID : 71A79EF288/

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement
2019 Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2019

FEC Identification Number

C C00440032

Transaction ID : 3C708BC7B9/

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement
2019 Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2019

FEC Identification Number

C C00440032

Transaction ID : 5D5A9FEE7E

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement 2020 Primary

011
Category/
Type

Candidate Name
Neal, Richard, Edmund, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2019

FEC Identification Number

C C00226522

Transaction ID : A7998150574

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement 2020 Primary

011
Category/
Type

Candidate Name
Schneider, Bradley, Scott, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: IL District: 10

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2019

FEC Identification Number

C C00495952

Transaction ID : 4DA3306F476

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Fitzgerald For Congress

Mailing Address N4692 Maple Road

City Juneau State WI Zip Code 53039

Purpose of Disbursement 2020 Primary

011
Category/
Type

Candidate Name
Fitzgerald, Scott, L., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 05

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2019

FEC Identification Number

C C00720011

Transaction ID : 83A6AF5C89

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. Scott Fitzgerald For Congress

Mailing Address N4692 Maple Road

City
Juneau

State
WI

Zip Code
53039

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Fitzgerald, Scott, L., ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2019			

FEC Identification Number

C C00720011

Transaction ID : 61B73D55A2
Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sinema For Arizona

Mailing Address PO Box 7586

City
Phoenix

State
AZ

Zip Code
85011

Purpose of Disbursement
2024 Primary

011
Category/
Type

Candidate Name

Sinema, Kyrsten, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2019			

FEC Identification Number

C C00508804

Transaction ID : D302BE61FFI
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stanton For Congress

Mailing Address 4340 E Indian School Road
Suite 21-518

City
Phoenix

State
AZ

Zip Code
85018

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Stanton, Greg, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2019			

FEC Identification Number

C C00657304

Transaction ID : D207E8CCA1
Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. Steil For Wisconsin, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2019

Mailing Address 1818 Milton Ave
1448

City Janesville State WI Zip Code 53545-1129

FEC Identification Number

C C00677286

Transaction ID : E04C9B070F!
Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Steil, Bryan, G., ,

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Steil For Wisconsin, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2019

Mailing Address 1818 Milton Ave
1448

City Janesville State WI Zip Code 53545-1129

FEC Identification Number

C C00677286

Transaction ID : 3443AA88128
Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Steil, Bryan, G., ,

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2020
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial)

C. Stephanie Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2019

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

FEC Identification Number

C C00620443

Transaction ID : D07A88186E
Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Murphy, Stephanie, N., ,

Office Sought: House Senate President
State: FL District: 07

Disbursement For: 2020
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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. Stephen Lynch For Congress

Mailing Address 105 Farragut Rd

City South Boston State MA Zip Code 02127

Purpose of Disbursement 2020 Primary

010
 011
 012
011
Category/
Type

Candidate Name
Lynch, Stephen, Francis, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MA District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2019

FEC Identification Number

C C00366948
Transaction ID : BB51B8262A
Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Daines For Montana

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624-1598

Purpose of Disbursement 2020 General

010
 011
 012
011
Category/
Type

Candidate Name
Daines, Steve, David, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2019

FEC Identification Number

C C00491357
Transaction ID : 6BBAA4443A
Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Daines For Montana

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624-1598

Purpose of Disbursement 2020 Primary

010
 011
 012
011
Category/
Type

Candidate Name
Daines, Steve, David, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2019

FEC Identification Number

C C00491357
Transaction ID : B253C7E895
Amount of Each Disbursement this Period
 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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. Stivers For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name
Stivers, Steve, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: OH District: 15

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9ACB124D32
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Strategy PAC

Mailing Address C/O Red Curve Solutions, Llc
138 Conant Street, 2Nd Floor

City Beverly State MA Zip Code 01915

Purpose of Disbursement
2019 Contribution

Category/
Type

Candidate Name
Strategy PAC

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) Contribution
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 2742C2CF2CI
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Suozzi For Congress

Mailing Address PO Box 669

City Glen Cove State NY Zip Code 11542

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name
Suozzi, Thomas, R., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NY District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4BB2946C00
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. Suozzi For Congress

Mailing Address PO Box 669

City: Glen Cove State: NY Zip Code: 11542

Purpose of Disbursement: 2020 Primary

011
Category/Type

Candidate Name: **Suozzi, Thomas, R., ,**

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NY District: 03

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C00607200
Transaction ID : F57F3CAB12
 Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Suozzi For Congress

Mailing Address PO Box 669

City: Glen Cove State: NY Zip Code: 11542

Purpose of Disbursement: 2020 General

011
Category/Type

Candidate Name: **Suozzi, Thomas, R., ,**

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NY District: 03

Date of Disbursement: 10 / 22 / 2019

FEC Identification Number: C00607200
Transaction ID : 28285C0DBD'
 Amount of Each Disbursement this Period: 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Team Graham, Inc.

Mailing Address PO Box 1801

City: Columbia State: SC Zip Code: 29202-1801

Purpose of Disbursement: 2020 Primary

011
Category/Type

Candidate Name: **Graham, Lindsey, Olin, ,**

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: SC District:

Date of Disbursement: 07 / 17 / 2019

FEC Identification Number: C00458828
Transaction ID : E29DB90715
 Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. Ted Cruz For Senate

Mailing Address 815 A Brazos Pmb 550

City Austin State TX Zip Code 78701

Purpose of Disbursement 2024 Primary

011
Category/Type

Candidate Name Cruz, Ted, E., ,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: TX District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2019

FEC Identification Number
 C C00492785
Transaction ID : 9B5F35B92C!
 Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement 2020 General

011
Category/Type

Candidate Name Sewell, Terri, Andrea, ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: AL District: 07

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2019

FEC Identification Number
 C C00458976
Transaction ID : D8855C46CC!
 Amount of Each Disbursement this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans For Jodey Arrington

Mailing Address PO Box 6687

City Lubbock State TX Zip Code 79493-6687

Purpose of Disbursement 2020 Primary

011
Category/Type

Candidate Name Arrington, Jodey, Cook, ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: TX District: 19

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2019

FEC Identification Number
 C C00588657
Transaction ID : 2085F74E21C!
 Amount of Each Disbursement this Period
 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. The Reed Committee

Mailing Address PO Box 8628

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement
Voided 6/19/19 Disbursement

011

Category/
Type

Candidate Name

Reed, Jack, Francis, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	9

FEC Identification Number

C C00238907

Transaction ID : 6BC100F1AE

Amount of Each Disbursement this Period

- 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Reed Committee

Mailing Address PO Box 8628

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Reed, Jack, Francis, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: RI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	9

FEC Identification Number

C C00238907

Transaction ID : 74D91717776

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Thom Tillis Committee

Mailing Address PO Box 97396

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Tillis, Thomas, Roland, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	9

FEC Identification Number

C C00545772

Transaction ID : 3129D20176/

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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. Tom Rice For Congress

Mailing Address PO Box 70098

City
Myrtle Beach

State
SC

Zip Code
29572-0020

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Rice, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2019			

FEC Identification Number

C00506048

Transaction ID : 494B83EABD

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tomorrow Is Meaningful PAC

Mailing Address 1409 Ashley River Rd

City
Charleston

State
SC

Zip Code
29407

Purpose of Disbursement
2019 Contribution

011

Category/
Type

Candidate Name

Tomorrow Is Meaningful PAC

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			11			2019			

FEC Identification Number

C00495887

Transaction ID : 569864E5EB1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Treasure State PAC

Mailing Address 3242 Cummins Way

City
Missoula

State
MT

Zip Code
59802

Purpose of Disbursement
2019 Contribution

011

Category/
Type

Candidate Name

Treasure State PAC

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2019			

FEC Identification Number

C00433680

Transaction ID : F32DAF1777

Amount of Each Disbursement this Period

4000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Buchanan, Vernon, Gale, ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: FL District: 16

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2019

FEC Identification Number

C C00412759
Transaction ID : AFB2DCF125
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Walorski, Jacqueline, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: IN District: 02

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2019

FEC Identification Number

C C00468579
Transaction ID : 29A0566453D
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Wenstrup, Brad, R., ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: OH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2019

FEC Identification Number

C C00497818
Transaction ID : 4908324D9D:
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00
138500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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. Bill Dodd for Senate 2020

Mailing Address 1127 11th Street, Suite 606

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 7E1CBCC77E
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Florida First Forever, Inc.

Mailing Address 1700 North Monroe Street, Suite 11

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : C87FF1AA84I
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Floridians for Limited Government

Mailing Address PO Box 11192

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 8E1159693C:
 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Hertzberg for Senate 2018 Officholder Account

Mailing Address 1100 O Street, Suite 200

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : A4AF863DFC
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jobs for Florida

Mailing Address 1103 Hays Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : BD37F6B910!
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NYS Democratic Assembly Campaign Committee (DACC)

Mailing Address 107 Washington Avenue

City Albany State NY Zip Code 12210

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 9F5A0F1AAE
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. NYS Democratic Senate Campaign Committee (NYS DSCC)

Mailing Address 111 Washington Avenue, Suite 409

City Albany State NY Zip Code 12210

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 594F27DB07f
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Working Together for Florida

Mailing Address 133 S. Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : CF4A8062AFf
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
Disbursement For: Primary General Other (specify) ▼
State: District:

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).....▶