

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 01 31 2006

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

Type or Print Name of Treasurer Tammy Roo

Signature of Treasurer Electronically Filed by Tammy Roo Date 02 17 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Northwestern Mutual Life Insurance Federal PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		140998.06
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	140998.06									
(c) Total Receipts (from Line 19) .....	18940.41	18940.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	159938.47	159938.47								
7. Total Disbursements (from Line 31) .....	14033.39	14033.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	145905.08	145905.08								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Northwestern Mutual Life Insurance Federal PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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) .....	3277.00	3277.00
(ii) Unitemized .....	15602.48	15602.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18879.48	18879.48
(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) .....	18879.48	18879.48
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	60.93	60.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18940.41	18940.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18940.41	18940.41

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	33.39	33.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	33.39	33.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14033.39	14033.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14033.39	14033.39

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	18879.48	18879.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18879.48	18879.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33.39	33.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33.39	33.39

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
Northwestern Mutual Life Insurance Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
John D Blumberg

Mailing Address 15 Fisher Lane

City State Zip Code  
White Plains NY 10603-2222

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

Transaction ID: 20060208-00002252

Amount of Each Receipt this Period  
120.00

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

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Chief Operating Ofcr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

Transaction ID: 20060208-00002763

Amount of Each Receipt this Period  
144.00

**C.** Full Name (Last, First, Middle Initial)  
Peter W Bruce

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation Chief Ins Ofcr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

Transaction ID: 20060208-00002946

Amount of Each Receipt this Period  
128.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>392.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> C. T. Cruse		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 12221 Merit Drive Suite 1500 Three Forest Plaza		<b>Transaction ID:</b> 9950780601244008079	
City Dallas State TX Zip Code 75251-2235	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Special Agent	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> James R. Effner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 1901 Butterfield Road Suite 450		<b>Transaction ID:</b> 20060208-00002236	
City Downers Grove State IL Zip Code 60515-7915	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Special Agent	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Gordon Elgersma		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 2738 Railside Court Southwest		<b>Transaction ID:</b> 20060208-00002188	
City Byron Center State MI Zip Code 49315-9466	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	775.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Charles E Mc Intyre		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 6	
Mailing Address 2101 W Commercial Boulevard Suite 5100		<b>Transaction ID:</b> 20060124-00002022	
City State Zip Code Fort Lauderdale FL 33309-3071	Amount of Each Receipt this Period 205.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 410.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Charles E Mc Intyre		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 2101 W Commercial Boulevard Suite 5100		<b>Transaction ID:</b> 20060208-00002206	
City State Zip Code Fort Lauderdale FL 33309-3071	Amount of Each Receipt this Period 205.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation General Agent	Aggregate Year-to-Date ▼ 410.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> John W McTigue		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 1 N Wacker Drive Floor 46		<b>Transaction ID:</b> 20060208-00002215	
City State Zip Code Chicago IL 60606-2807	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NML Occupation Special Agent	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	610.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
James J Nemeč

Mailing Address 1114 Avenue of the Americas  
Floor 23

City State Zip Code  
New York NY 10036-7703

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

Transaction ID: 20060208-00002247

Amount of Each Receipt this Period  
200.00

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

Mailing Address 1600 Division Street Suite 400

City State Zip Code  
Nashville TN 37203-2755

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

Name of Employer NML Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

Transaction ID: 20060208-00002240

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
John M Qualy

Mailing Address 701 Market Street Suite 1070

City State Zip Code  
Saint Louis MO 63101-1851

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

Transaction ID: 20060208-00002194

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	525.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mason G Ross

Mailing Address 720 E Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer NML Occupation EVP & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt  
01 / 31 / 2006

Transaction ID: 20060208-00003055

Amount of Each Receipt this Period  
121.00

**B.** Full Name (Last, First, Middle Initial)  
James A Schwertfeger

Mailing Address 1101 N Market Street Suite 100

City Milwaukee State WI Zip Code 53202-3148

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
01 / 31 / 2006

Transaction ID: 20060208-00002197

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Eugene H Storms

Mailing Address 100 Washington Square Suite 1200

City Minneapolis State MN Zip Code 55401-2110

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
01 / 31 / 2006

Transaction ID: 20060208-00002191

Amount of Each Receipt this Period  
170.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>441.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
John A Williamson

Mailing Address PO Box 660347

City State Zip Code  
Birmingham AL 35266-0347

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

Name of Employer NML Occupation  
Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt  
01 / 31 / 2006

Transaction ID: 20060208-00002207

Amount of Each Receipt this Period  
118.00

**B.** Full Name (Last, First, Middle Initial)  
Edward J Zore

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation  
President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
01 / 15 / 2006

Transaction ID: 20060124-00001870

Amount of Each Receipt this Period  
208.00

**C.** Full Name (Last, First, Middle Initial)  
Edward J Zore

Mailing Address 720 E Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

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

Name of Employer NML Occupation  
President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
01 / 31 / 2006

Transaction ID: 20060208-00003239

Amount of Each Receipt this Period  
208.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>534.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3277.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. American Council of Life Insurers Political Action Committee</b>		<b>Transaction ID: E1VBG51IU11VE3</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 101 Constitution Avenue Northwest Suite 700		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bill Thomas Campaign Committee</b>		<b>Transaction ID: E4H4K8GN4CLG5</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 395		Amount of Each Disbursement this Period 2000.00
City Bakersfield State CA Zip Code 93302	Purpose of Disbursement contribution Candidate Name Thomas William Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22	

Full Name (Last, First, Middle Initial) <b>C. Brian Bilbray for Congress</b>		<b>Transaction ID: E4H4DX23ZBLG5</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address PO Box 455		Amount of Each Disbursement this Period 1000.00
City Rancho Santa Fe State CA Zip Code 92067	Purpose of Disbursement contribution Candidate Name Bilbray Brian Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 50	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Hillary</b>		<b>Transaction ID:</b> E4H44I23KBLG5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 1717 K Street Northwest Suite 309A		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Clinton Hillary		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Making Business Excel Political Action Committee</b>		<b>Transaction ID:</b> E1VBCD64821VE5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address PO Box 3241		Amount of Each Disbursement this Period 2000.00
City Cheyenne State WY Zip Code 82003	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pryce for Congress</b>		<b>Transaction ID:</b> E22GNH5VLMRX24 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name Pryce Deborah		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)  
Republican Party of Wisconsin

Mailing Address 148 East Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: E1X3NR9M851VE8

Date of Disbursement

01 / 17 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

14000.00