

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (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 05 01 2010 through 05 31 2010

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

Type or Print Name of Treasurer Loretta Mlekoday

Signature of Treasurer Electronically Filed by Loretta Mlekoday Date 06 10 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		183558.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	141946.55									
(c) Total Receipts (from Line 19) .....	29433.94	154589.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	171380.49	338147.98								
7. Total Disbursements (from Line 31) .....	22562.98	189330.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	148817.51	148817.51								
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

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	23934.00	101468.00
(ii) Unitemized .....	5498.84	48115.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29432.84	149583.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29432.84	149583.70
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.10	6.06
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)) .....	29433.94	154589.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29433.94	154589.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	62.98	330.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	62.98	330.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	177500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	11500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22562.98	189330.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22562.98	189330.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	29432.84	149583.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29432.84	149583.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	62.98	330.47
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	62.98	330.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 104

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Jerome R Baier

Mailing Address 19820 Tralee Court

City State Zip Code  
Brookfield WI 53045-2129

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

Name of Employer NML Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
510.00

Date of Receipt

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

Transaction ID: 2010051219051-695

Amount of Each Receipt this Period  
51.00

**B.**

Full Name (Last, First, Middle Initial)

Jerome R Baier

Mailing Address 19820 Tralee Court

City State Zip Code  
Brookfield WI 53045-2129

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

Name of Employer NML Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-693

Amount of Each Receipt this Period  
51.00

**C.**

Full Name (Last, First, Middle Initial)

David A Barras

Mailing Address 8700 W Bennington Court

City State Zip Code  
Mequon WI 53097-3440

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

Name of Employer NML Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: 2010051219051-675

Amount of Each Receipt this Period  
25.00

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

127.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David A Barras

Mailing Address 8700 W Bennington Court

City State Zip Code  
Mequon WI 53097-3440

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

Name of Employer NML Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-673

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 1671 Deer Springs Circle

City State Zip Code  
Bettendorf IA 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-7

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 1671 Deer Springs Circle

City State Zip Code  
Bettendorf IA 52722-7148

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-7

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 109.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 104

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Douglas P Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code  
Burke VA 22015-2188

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

Name of Employer Occupation  
NML VP Federal Relations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: 2010051219051-550

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas P Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code  
Burke VA 22015-2188

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

Name of Employer Occupation  
NML VP Federal Relations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-549

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)

Blaise C Beaulier

Mailing Address 23300 Dover Line Road

City State Zip Code  
Waterford WI 53185-4908

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

Name of Employer Occupation  
NML VP IS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: 2010051219051-962

Amount of Each Receipt this Period  
26.00

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

96.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 104  
(check only one)

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

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

**A.**

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

Mailing Address 23300 Dover Line Road

City Waterford State WI Zip Code 53185-4908

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

Name of Employer NML Occupation VP IS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-961  
Amount of Each Receipt this Period 26.00

**B.**

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

Mailing Address 3387 Hampton Court

City Thousand Oaks State CA Zip Code 91362-1130

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 ▼ 420.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-43  
Amount of Each Receipt this Period 42.00

**C.**

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

Mailing Address 3387 Hampton Court

City Thousand Oaks State CA Zip Code 91362-1130

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 ▼ 420.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-43  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John P. Bender

Mailing Address 116 Belden Hill Road

City State Zip Code  
Wilton CT 06897-2911

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 2010051519050-46

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
John P. Bender

Mailing Address 116 Belden Hill Road

City State Zip Code  
Wilton CT 06897-2911

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-46

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 4141 N Murray Avenue

City State Zip Code  
Shorewood WI 53211-2011

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

Name of Employer NML Occupation  
NML Asst Gc & Asst Sec

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 2010051219051-547

Amount of Each Receipt this Period

30.00

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Beth M Berger  
Mailing Address 4141 N Murray Avenue  
City Shorewood State WI Zip Code 53211-2011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Asst Gc & Asst Sec  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-546  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Mark S Bishop  
Mailing Address 1140 Burnet Street  
City Brookfield State WI Zip Code 53005-6835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Rvp Fld Supv  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-985  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Mark S Bishop  
Mailing Address 1140 Burnet Street  
City Brookfield State WI Zip Code 53005-6835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Rvp Fld Supv  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-984  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dwaan C Black	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 3520 Dumbarton Drive	<b>Transaction ID:</b> 2010051519050-39
	City State Zip Code Atlanta GA 30327-2614	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Special Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dwaan C Black	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 3520 Dumbarton Drive	<b>Transaction ID:</b> 2010052819124-39
	City State Zip Code Atlanta GA 30327-2614	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Special Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Garrett J. Bleakley	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 5460 Chelsea Avenue	<b>Transaction ID:</b> 2010051519050-19
	City State Zip Code La Jolla CA 92037-7607	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation General Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Garrett J. Bleakley

Mailing Address 5460 Chelsea Avenue

City State Zip Code  
La Jolla CA 92037-7607

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-19

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code  
Appleton WI 54914-8222

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: 2010051519050-71

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)  
Debra Blevons Wascher

Mailing Address 165 S Pine Court

City State Zip Code  
Appleton WI 54914-8222

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-71

Amount of Each Receipt this Period

42.00

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

109.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 104  
(check only one)

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

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

**A.**

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

Mailing Address 8677 Alvarado Court

City State Zip Code  
Inver Grove MN 55077-3121

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-21

Amount of Each Receipt this Period  
208.00

**B.**

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

Mailing Address 8677 Alvarado Court

City State Zip Code  
Inver Grove MN 55077-3121

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-21

Amount of Each Receipt this Period  
208.00

**C.**

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

Mailing Address 15375 Kata Drive

City State Zip Code  
Elm Grove WI 53122-1028

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

Name of Employer NML Occupation  
NML VP-Era

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-828

Amount of Each Receipt this Period  
24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **440.00**

**TOTAL** This Period (last page this line number 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 / 104  
(check only one)

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

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

**A.**

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

Mailing Address 15375 Kata Drive

City Elm Grove State WI Zip Code 53122-1028

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

Name of Employer NML Occupation VP-Era

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 31 / 2010  
**Transaction ID:** 201005261917-827  
 Amount of Each Receipt this Period 24.00

**B.**

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

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 Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2010  
**Transaction ID:** 2010051219051-843  
 Amount of Each Receipt this Period 25.00

**C.**

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

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 Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2010  
**Transaction ID:** 201005261917-842  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 74.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 104  
(check only one)

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

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

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

**A.**

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

Mailing Address 395 La Casa Viaduct

City Walnut Creek State CA Zip Code 94598-4842

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 ▼ 1250.00

Date of Receipt: 05 / 15 / 2010  
**Transaction ID:** 2010051519050-37  
 Amount of Each Receipt this Period: 125.00

**B.**

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

Mailing Address 395 La Casa Viaduct

City Walnut Creek State CA Zip Code 94598-4842

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 ▼ 1250.00

Date of Receipt: 05 / 31 / 2010  
**Transaction ID:** 2010052819124-37  
 Amount of Each Receipt this Period: 125.00

**C.**

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

Mailing Address 7322 N Mohawk Road

City Fox Point State WI Zip Code 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 15 / 2010  
**Transaction ID:** 2010051219051-967  
 Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 7322 N Mohawk Road

City State Zip Code  
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-966

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code  
Bozeman MT 59715-7738

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 ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-53

Amount of Each Receipt this Period  
42.00

**C.** Full Name (Last, First, Middle Initial)  
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City State Zip Code  
Bozeman MT 59715-7738

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 ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-53

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **159.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 104  
(check only one)

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

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

**A.**

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

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 15 / 2010  
**Transaction ID:** 2010051519050-52  
Amount of Each Receipt this Period 125.00

**B.**

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

Mailing Address 12 High Meadow Lane

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2010  
**Transaction ID:** 2010052819124-52  
Amount of Each Receipt this Period 125.00

**C.**

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

Mailing Address N55 W21701 Adamdale

City Menomonee Fal State WI Zip Code 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt 05 / 15 / 2010  
**Transaction ID:** 2010051219051-696  
Amount of Each Receipt this Period 53.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **303.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 104

(check only one)

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

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

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

**A.**

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

Mailing Address N55 W21701 Adamdale

City State Zip Code  
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 530.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-694

Amount of Each Receipt this Period

53.00

**B.**

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

Mailing Address 923 E Kilbourn

City State Zip Code  
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1180.00

Date of Receipt

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

Transaction ID: 2010051219051-670

Amount of Each Receipt this Period

118.00

**C.**

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

Mailing Address 923 E Kilbourn

City State Zip Code  
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1180.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-668

Amount of Each Receipt this Period

118.00

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

289.00

**TOTAL** This Period (last page this line number 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 / 104  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 907 Williamson Drive		<b>Transaction ID:</b> 2010051519050-15		
	City Raleigh	State NC	Zip Code 27608-2307	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Occupation General Insurance Agent		Aggregate Year-to-Date ▼ 2080.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 907 Williamson Drive		<b>Transaction ID:</b> 2010052819124-15		
	City Raleigh	State NC	Zip Code 27608-2307	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Occupation General Insurance Agent		Aggregate Year-to-Date ▼ 2080.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 2961 Belclaire Drive		<b>Transaction ID:</b> 2010051519050-42		
	City Frisco	State TX	Zip Code 75034-5969	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Occupation General Insurance Agent		Aggregate Year-to-Date ▼ 2080.00	

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

624.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 2961 Belclaire Drive		<b>Transaction ID:</b> 2010052819124-42
City Frisco	State Zip Code TX 75034-5969	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	

**B.**

Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 6251 S Billings Way		<b>Transaction ID:</b> 2010051519050-36
City Centennial	State Zip Code CO 80111-6009	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 6251 S Billings Way		<b>Transaction ID:</b> 2010052819124-36
City Centennial	State Zip Code CO 80111-6009	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>308.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 104

(check only one)

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

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

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

**A.**

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

Mailing Address 4449 Donges Bay Road

City State Zip Code  
Mequon WI 53092-4883

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

Name of Employer NML Occupation President Msa

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1690.00

Date of Receipt

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

Transaction ID: 2010051219051-573

Amount of Each Receipt this Period

169.00

**B.**

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

Mailing Address 4449 Donges Bay Road

City State Zip Code  
Mequon WI 53092-4883

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

Name of Employer NML Occupation President Msa

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1690.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-572

Amount of Each Receipt this Period

169.00

**C.**

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

Mailing Address 5799 Sunset Lane

City State Zip Code  
Indianapolis IN 46228-1447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

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

Transaction ID: 2010051519050-13

Amount of Each Receipt this Period

208.00

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

546.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 104  
(check only one)

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

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

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

**A.**

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

Mailing Address 5799 Sunset Lane

City State Zip Code  
Indianapolis IN 46228-1447

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-13

Amount of Each Receipt this Period

208.00

**B.**

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

Mailing Address RR 1 Box 51B

City State Zip Code  
Ripley WV 25271-9705

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 2010051519050-9

Amount of Each Receipt this Period

25.00

**C.**

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

Mailing Address RR 1 Box 51B

City State Zip Code  
Ripley WV 25271-9705

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-9

Amount of Each Receipt this Period

25.00

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

258.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mark G Doll

Mailing Address 8420 N Pelican Lane

City State Zip Code  
River Hills WI 53217-2058

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 ▼ 2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-842

Amount of Each Receipt this Period  
208.00

**B.** Full Name (Last, First, Middle Initial)  
Mark G Doll

Mailing Address 8420 N Pelican Lane

City State Zip Code  
River Hills WI 53217-2058

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 ▼ 2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-841

Amount of Each Receipt this Period  
208.00

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

Mailing Address 9 Falcon Drive

City State Zip Code  
Mandeville LA 70471-2952

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 ▼ 2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-40

Amount of Each Receipt this Period  
208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 624.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
Mailing Address 9 Falcon Drive  
City Mandeville State LA Zip Code 70471-2952  
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 ▼ 2080.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-40  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
John E Dunn  
Mailing Address N71W31034 Lower Club  
City Hartland State WI Zip Code 53029-8716  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP & Ipas Cnsl  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 370.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-624  
Amount of Each Receipt this Period 37.00

**C.** Full Name (Last, First, Middle Initial)  
John E Dunn  
Mailing Address N71W31034 Lower Club  
City Hartland State WI Zip Code 53029-8716  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP & Ipas Cnsl  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 370.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-622  
Amount of Each Receipt this Period 37.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 282.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 104  
(check only one)

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

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

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

**A.**

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 15 / 2010

**Transaction ID:** 2010051519050-44

Amount of Each Receipt this Period 150.00

**B.**

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 31 / 2010

**Transaction ID:** 2010052819124-44

Amount of Each Receipt this Period 150.00

**C.**

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

Mailing Address 9927 N Valley Hill D

City Mequon State WI Zip Code 53092

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

Name of Employer NML Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 05 / 15 / 2010

**Transaction ID:** 2010051219051-881

Amount of Each Receipt this Period 38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **338.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 9927 N Valley Hill D

City State Zip Code  
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-880

Amount of Each Receipt this Period  
38.00

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

Mailing Address 4807 Timberwood Court

City State Zip Code  
West Des Moines IA 50265-5447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-30

Amount of Each Receipt this Period  
42.00

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

Mailing Address 4807 Timberwood Court

City State Zip Code  
West Des Moines IA 50265-5447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-30

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **122.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) John C. Ertz		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 18235 Shaker Boulevard		<b>Transaction ID:</b> 2010051519050-29
City State Zip Code Shaker Heights OH 44120-1754	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.00
Name of Employer Self-Employed Occupation General Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00

**B.**

Full Name (Last, First, Middle Initial) John C. Ertz		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 18235 Shaker Boulevard		<b>Transaction ID:</b> 2010052819124-29
City State Zip Code Shaker Heights OH 44120-1754	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.00
Name of Employer Self-Employed Occupation General Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00

**C.**

Full Name (Last, First, Middle Initial) Christina H Fiasca		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 9230 N Fairway Drive		<b>Transaction ID:</b> 2010051219051-909
City State Zip Code Bayside WI 53217-1317	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer NML Occupation Svp Agency Svcs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Christina H Fiasca  
Mailing Address 9230 N Fairway Drive  
City Bayside State WI Zip Code 53217-1317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp Agency Svcs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-908  
Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
John E. Fobes, II  
Mailing Address 1638 Del Dayo Drive  
City Carmichael State CA Zip Code 95608-6052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-33  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
John E. Fobes, II  
Mailing Address 1638 Del Dayo Drive  
City Carmichael State CA Zip Code 95608-6052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-33  
Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 501.00  
**TOTAL** This Period (last page this line number 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 / 104  
(check only one)

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

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

**A.**

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

Mailing Address 115 Hillside Road

City State Zip Code  
Mechanicsburg PA 17050-1728

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-54

Amount of Each Receipt this Period  
42.00

**B.**

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

Mailing Address 115 Hillside Road

City State Zip Code  
Mechanicsburg PA 17050-1728

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-54

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 2224 E 24th Street

City State Zip Code  
Tulsa OK 74114-2912

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-56

Amount of Each Receipt this Period  
42.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 104  
(check only one)

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

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

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

**A.**

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

Mailing Address 2224 E 24th Street

City State Zip Code  
Tulsa OK 74114-2912

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-56

Amount of Each Receipt this Period  
42.00

**B.**

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

Mailing Address 5 Gennaro Circle

City State Zip Code  
Wayland MA 01778-4436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-28

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 5 Gennaro Circle

City State Zip Code  
Wayland MA 01778-4436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-28

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **292.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 104  
(check only one)

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

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

**A.**

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

Mailing Address 5735 N Crestwood Blv

City State Zip Code  
Glendale WI 53209-4309

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-1032

Amount of Each Receipt this Period  
27.00

**B.**

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

Mailing Address 5735 N Crestwood Blv

City State Zip Code  
Glendale WI 53209-4309

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-1031

Amount of Each Receipt this Period  
27.00

**C.**

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

Mailing Address 5421 N Idlewild Avenue

City State Zip Code  
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Field Comp & Plg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-617

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 79.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 104  
(check only one)

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

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

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

**A.**

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

Mailing Address 5421 N Idlewild Avenue

City State Zip Code  
Whitefish Bay WI 53217-5331

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

Name of Employer NML Occupation VP Field Comp & Plg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-616

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code  
Ada MI 49301-8360

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-26

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code  
Ada MI 49301-8360

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-26

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 104  
(check only one)

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

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

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

**A.**

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

Mailing Address 2485 W Fairy Chasm R

City State Zip Code  
River Hills WI 53217

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

Name of Employer NML Occupation VP Comm

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

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

Transaction ID: 2010051219051-565

Amount of Each Receipt this Period  
63.00

**B.**

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

Mailing Address 2485 W Fairy Chasm R

City State Zip Code  
River Hills WI 53217

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

Name of Employer NML Occupation VP Comm

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-564

Amount of Each Receipt this Period  
63.00

**C.**

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

Mailing Address 8042 Cheverny Drive

City State Zip Code  
Mequon WI 53097-2532

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: 2010051519050-38

Amount of Each Receipt this Period  
125.00

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

251.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Goris, Jr.		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 8042 Cheverny Drive		<b>Transaction ID:</b> 2010052819124-38		
	City Mequon	State WI	Zip Code 53097-2532	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John M Grogan		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 706 W Acacia Road		<b>Transaction ID:</b> 2010051219051-1008		
	City Glendale	State WI	Zip Code 53217-4008	Amount of Each Receipt this Period 88.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Pres & CEO Wealth Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 880.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) John M Grogan		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 706 W Acacia Road		<b>Transaction ID:</b> 201005261917-1007		
	City Glendale	State WI	Zip Code 53217-4008	Amount of Each Receipt this Period 88.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Pres & CEO Wealth Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 880.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	301.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jon P. Gruenstern

Mailing Address 2155 Hickory Court

City State Zip Code  
Oshkosh WI 54901-2581

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-8

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Jon P. Gruenstern

Mailing Address 2155 Hickory Court

City State Zip Code  
Oshkosh WI 54901-2581

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-8

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas C Guay

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation  
NML VP-New Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-639

Amount of Each Receipt this Period  
54.00

**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: PAGE 37 / 104

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas C Guay

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer Occupation  
NML VP-New Business

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-637

Amount of Each Receipt this Period

54.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen T. Guinan

Mailing Address 126 Waverly Circle

City State Zip Code  
Phoenixville PA 19460-2500

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: 2010051519050-51

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen T. Guinan

Mailing Address 126 Waverly Circle

City State Zip Code  
Phoenixville PA 19460-2500

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-51

Amount of Each Receipt this Period

42.00

**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 38 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin J. Hassan	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 804 Montparnasse Place	<b>Transaction ID:</b> 2010051519050-27
	City State Zip Code Newtown Sq PA 19073-2623	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin J. Hassan	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 804 Montparnasse Place	<b>Transaction ID:</b> 2010052819124-27
	City State Zip Code Newtown Sq PA 19073-2623	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark J Heurung	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 18443 Melissa Circle	<b>Transaction ID:</b> 2010051519050-50
	City State Zip Code Eden Prairie MN 55347-1058	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	

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

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

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

FOR LINE NUMBER: PAGE 39 / 104  
(check only one)

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

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

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

Mailing Address 18443 Melissa Circle

City State Zip Code  
Eden Prairie MN 55347-1058

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 ▼  
2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-50

Amount of Each Receipt this Period  
208.00

**B.** Full Name (Last, First, Middle Initial)  
Gary M Hewitt

Mailing Address 2045 Elm Tree Road

City State Zip Code  
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-903

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
Gary M Hewitt

Mailing Address 2045 Elm Tree Road

City State Zip Code  
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-902

Amount of Each Receipt this Period  
70.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>348.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (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 / 104		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael T Holloway		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 425 Lake Bluff Lane		<b>Transaction ID:</b> 2010051219051-868		
	City Grafton	State WI	Zip Code 53024-9764	Amount of Each Receipt this Period 24.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael T Holloway		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 425 Lake Bluff Lane		<b>Transaction ID:</b> 201005261917-867		
	City Grafton	State WI	Zip Code 53024-9764	Amount of Each Receipt this Period 24.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve H. Holter		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 11390 N Creekside Court		<b>Transaction ID:</b> 2010051519050-58		
	City Mequon	State WI	Zip Code 53092-4377	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	173.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 41 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Steve H. Holter  
Mailing Address 11390 N Creekside Court  
City State Zip Code  
Mequon WI 53092-4377  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-58  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Harry P. Hoopis  
Mailing Address 1133 Elmtree Road  
City State Zip Code  
Lake Forest IL 60045-1413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-1  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Harry P. Hoopis  
Mailing Address 1133 Elmtree Road  
City State Zip Code  
Lake Forest IL 60045-1413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-1  
Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 541.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 42 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1701 E Westminster Lane

City State Zip Code  
Spokane WA 99223-6712

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-16

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1701 E Westminster Lane

City State Zip Code  
Spokane WA 99223-6712

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-16

Amount of Each Receipt this Period  
50.00

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

Mailing Address 5612 Enderly Road

City State Zip Code  
Baltimore MD 21212-2939

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

Name of Employer NML Occupation  
NML General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-32

Amount of Each Receipt this Period  
125.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5612 Enderly Road

City Baltimore State MD Zip Code 21212-2939

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 ▼ 1250.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-32  
Amount of Each Receipt this Period 125.00

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

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-933  
Amount of Each Receipt this Period 76.00

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

Mailing Address 23702 Champe Ford Road

City Middleburg State VA Zip Code 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-932  
Amount of Each Receipt this Period 76.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 277.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Shawn F. Kelley  
 Mailing Address 16 Vintage Walk  
 City State Zip Code  
 Cincinnati OH 45249-2101  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 5 / 2 0 1 0  
**Transaction ID:** 2010051519050-67  
 Amount of Each Receipt this Period  
 42.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Self-Employed General Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 420.00

**B.** Full Name (Last, First, Middle Initial)  
Shawn F. Kelley  
 Mailing Address 16 Vintage Walk  
 City State Zip Code  
 Cincinnati OH 45249-2101  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 1 0  
**Transaction ID:** 2010052819124-67  
 Amount of Each Receipt this Period  
 42.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Self-Employed General Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 420.00

**C.** Full Name (Last, First, Middle Initial)  
John C Kelly  
 Mailing Address 5806 N Kent Avenue  
 City State Zip Code  
 Whitefish Bay WI 53217-4612  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 5 / 2 0 1 0  
**Transaction ID:** 2010051219051-609  
 Amount of Each Receipt this Period  
 61.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation  
 NML VP & Controller  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 610.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 104  
(check only one)

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

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

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

**A.**

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

Mailing Address 5806 N Kent Avenue

City State Zip Code  
Whitefish Bay WI 53217-4612

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

Name of Employer Occupation  
NML VP & Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 610.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-608

Amount of Each Receipt this Period

61.00

**B.**

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

Mailing Address 8930 Dunn Court

City State Zip Code  
Dublin OH 43017-8880

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: 2010051519050-65

Amount of Each Receipt this Period

42.00

**C.**

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

Mailing Address 8930 Dunn Court

City State Zip Code  
Dublin OH 43017-8880

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-65

Amount of Each Receipt this Period

42.00

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 104

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William S. Koch

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code  
Jacksonville FL 32224-5621

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2010051519050-23

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
William S. Koch

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code  
Jacksonville FL 32224-5621

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-23

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
John L Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code  
Glendale WI 53209-3352

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

Name of Employer NML Occupation  
NML VP Disability Income

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 580.00

Date of Receipt

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

Transaction ID: 2010051219051-1038

Amount of Each Receipt this Period  
58.00

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

258.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John L Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code  
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Disability Income

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-1037

Amount of Each Receipt this Period  
58.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven H. Kosnick

Mailing Address 5799 Windsona Circle

City State Zip Code  
Fitchburg WI 53711-5839

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-18

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven H. Kosnick

Mailing Address 5799 Windsona Circle

City State Zip Code  
Fitchburg WI 53711-5839

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-18

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **142.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 449 E Cedar Lane

City State Zip Code  
Mequon WI 53092-6102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-968  
Amount of Each Receipt this Period 32.00

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

Mailing Address 449 E Cedar Lane

City State Zip Code  
Mequon WI 53092-6102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-967  
Amount of Each Receipt this Period 32.00

**C.** Full Name (Last, First, Middle Initial)  
Michael K. Lawhon

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code  
Naples FL 34109-7826

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-60  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 106.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael K. Lawhon

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code  
Naples FL 34109-7826

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-60

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Werner Loots

Mailing Address 2664 N Summit Avenue

City State Zip Code  
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation  
Rvp Fld Supv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-597

Amount of Each Receipt this Period  
33.00

**C.** Full Name (Last, First, Middle Initial)  
Werner Loots

Mailing Address 2664 N Summit Avenue

City State Zip Code  
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation  
Rvp Fld Supv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-596

Amount of Each Receipt this Period  
33.00

**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 50 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert D. Lowrey  
Mailing Address 1108 W Goldthread Circle  
City State Zip Code  
Sioux Falls SD 57108-2824  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-22  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Robert D. Lowrey  
Mailing Address 1108 W Goldthread Circle  
City State Zip Code  
Sioux Falls SD 57108-2824  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-22  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey J Lueken  
Mailing Address 1213 E Goodrich Lane  
City State Zip Code  
Fox Point WI 53217-2946  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation  
NML Svp Securities  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1330.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-894  
Amount of Each Receipt this Period 133.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 217.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 104  
(check only one)

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

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

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

Mailing Address 1213 E Goodrich Lane

City State Zip Code  
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1330.00

Date of Receipt: 05 / 31 / 2010  
**Transaction ID:** 201005261917-893  
Amount of Each Receipt this Period: 133.00

**B.** Full Name (Last, First, Middle Initial)  
Jean M Maier

Mailing Address 5432 N Diversey

City State Zip Code  
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 15 / 2010  
**Transaction ID:** 2010051219051-527  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Jean M Maier

Mailing Address 5432 N Diversey

City State Zip Code  
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 31 / 2010  
**Transaction ID:** 201005261917-526  
Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 433.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Raymond J Manista  
Mailing Address 7236 N Crossway  
City State Zip Code  
Fox Point WI 53217-3519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Gen Cnsl & Sec  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-561  
Amount of Each Receipt this Period 70.00

**B.** Full Name (Last, First, Middle Initial)  
Raymond J Manista  
Mailing Address 7236 N Crossway  
City State Zip Code  
Fox Point WI 53217-3519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Gen Cnsl & Sec  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-560  
Amount of Each Receipt this Period 70.00

**C.** Full Name (Last, First, Middle Initial)  
Meridee J Maynard  
Mailing Address 809 E Lake Forest  
City State Zip Code  
Whitefish Bay WI 53217-5377  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-822  
Amount of Each Receipt this Period 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 223.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 53 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Meridee J Maynard  
Mailing Address 809 E Lake Forest  
City State Zip Code  
Whitefish Bay WI 53217-5377  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 830.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-821  
Amount of Each Receipt this Period 83.00

**B.** Full Name (Last, First, Middle Initial)  
David C. Mc Avoy  
Mailing Address 11 Mountview Road  
City State Zip Code  
Wellesley MA 02481-2757  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-12  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
David C. Mc Avoy  
Mailing Address 11 Mountview Road  
City State Zip Code  
Wellesley MA 02481-2757  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-12  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 483.00  
**TOTAL** This Period (last page this line number 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 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Roger M. Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code  
Salt Lake City UT 84108-3613

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-10

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Roger M. Mc Queen

Mailing Address 5820 Twin Creek Road

City State Zip Code  
Salt Lake City UT 84108-3605

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-10

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian W. McClure

Mailing Address 1402 Wyndemere Point Drive

City State Zip Code  
Champaign IL 61822-3349

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-69

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **292.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian W. McClure

Mailing Address 1402 Wyndemere Point Drive

City State Zip Code  
Champaign IL 61822-3349

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-69

Amount of Each Receipt this Period

42.00

**B.**

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

Mailing Address 2571 N 86th Street

City State Zip Code  
Wauwatosa WI 53226-1921

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

Name of Employer Occupation  
NML VP Inv Adv Svc

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt

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

Transaction ID: 2010051219051-596

Amount of Each Receipt this Period

23.00

**C.**

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

Mailing Address 2571 N 86th Street

City State Zip Code  
Wauwatosa WI 53226-1921

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

Name of Employer Occupation  
NML VP Inv Adv Svc

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-595

Amount of Each Receipt this Period

23.00

**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: PAGE 56 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John W. McTigue  
Mailing Address 205 E 4th Street  
City Hinsdale State IL Zip Code 60521-4603  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-17  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
John W. McTigue  
Mailing Address 205 E 4th Street  
City Hinsdale State IL Zip Code 60521-4603  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-17  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph F. Meier  
Mailing Address 208 Long Acres Lane  
City Oviedo State FL Zip Code 32765-7843  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-20  
Amount of Each Receipt this Period 42.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph F. Meier

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2010  
**Transaction ID:** 2010052819124-20  
Amount of Each Receipt this Period 42.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert G Meilander

Mailing Address 6900 N Glen Shore Drive

City Glendale State WI Zip Code 53209-2819

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

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2010  
**Transaction ID:** 2010051219051-553  
Amount of Each Receipt this Period 30.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert G Meilander

Mailing Address 6900 N Glen Shore Drive

City Glendale State WI Zip Code 53209-2819

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

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2010  
**Transaction ID:** 201005261917-552  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 102.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard D. Mellinger

Mailing Address 50960 Fox Trail

City State Zip Code  
Granger IN 46530-9039

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-3

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard D. Mellinger

Mailing Address 50960 Fox Trail

City State Zip Code  
Granger IN 46530-9039

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-3

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Carl W. Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code  
Bainbridge Island WA 98110-1158

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-6

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl W. Middleton, III		Date of Receipt
	Mailing Address 15712 Point Monroe Drive Northeast		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Bainbridge Island	WA	98110-1158
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 2010052819124-6
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ben Miller		Date of Receipt
	Mailing Address 34 Storyteller Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Sandia Park	NM	87047-8542
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 2010051519050-63
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 42.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ben Miller		Date of Receipt
	Mailing Address 34 Storyteller Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Sandia Park	NM	87047-8542
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 2010052819124-63
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 209.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 214 Schenley Road		<b>Transaction ID:</b> 2010051519050-49
City Pittsburgh	State Zip Code PA 15217-1171	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 2080.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 214 Schenley Road		<b>Transaction ID:</b> 2010052819124-49
City Pittsburgh	State Zip Code PA 15217-1171	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 2080.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Martin A Moser		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 378 Juniper Court		<b>Transaction ID:</b> 201005261917-592
City Grafton	State Zip Code WI 53024-2270	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.00
Name of Employer NML	Occupation Director	Aggregate Year-to-Date ▼ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James J. Nemec

Mailing Address 22 Maple Avenue

City State Zip Code  
Larchmont NY 10538-4041

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

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

Transaction ID: 2010051519050-70

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)  
James J. Nemec

Mailing Address 22 Maple Avenue

City State Zip Code  
Larchmont NY 10538-4041

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-70

Amount of Each Receipt this Period

208.00

**C.**

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

Mailing Address 10145 Wavell Road

City State Zip Code  
Fairfax VA 22032-2337

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

Name of Employer NML Occupation  
NML Regional Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 2010051219051-525

Amount of Each Receipt this Period

50.00

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

466.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 10145 Wavell Road

City State Zip Code  
Fairfax VA 22032-2337

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

Name of Employer NML Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-524  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel J O Meara

Mailing Address W70 N385 Fox Pointe

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP Agency Dev & Pgrms

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-711  
Amount of Each Receipt this Period 27.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel J O Meara

Mailing Address W70 N385 Fox Pointe

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP Agency Dev & Pgrms

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-709  
Amount of Each Receipt this Period 27.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 104.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Gregory C Oberland  
Mailing Address 4746 N Cumberland Bl

City State Zip Code  
Whitefish Bay WI 53211-1147

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

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt: 05 / 15 / 2010  
Transaction ID: 2010051219051-581  
Amount of Each Receipt this Period: 208.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory C Oberland  
Mailing Address 4746 N Cumberland Bl

City State Zip Code  
Whitefish Bay WI 53211-1147

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

Name of Employer NML Occupation EVP Ins & Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt: 05 / 31 / 2010  
Transaction ID: 201005261917-580  
Amount of Each Receipt this Period: 208.00

**C.** Full Name (Last, First, Middle Initial)  
Eric S. Olson  
Mailing Address 127 Fairmount Road

City State Zip Code  
Ridgewood NJ 07450-1422

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 05 / 15 / 2010  
Transaction ID: 2010051519050-55  
Amount of Each Receipt this Period: 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 458.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Eric S. Olson

Mailing Address 127 Fairmount Road

City State Zip Code  
Ridgewood NJ 07450-1422

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: 2010052819124-55

Amount of Each Receipt this Period

42.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen A Oman

Mailing Address S63W16495 College Avenue

City State Zip Code  
Muskego WI 53150-8303

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

Name of Employer Occupation  
NML VP Pos

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

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

Transaction ID: 2010051219051-740

Amount of Each Receipt this Period

52.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen A Oman

Mailing Address S63W16495 College Avenue

City State Zip Code  
Muskego WI 53150-8303

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

Name of Employer Occupation  
NML VP Pos

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	0

Transaction ID: 201005261917-738

Amount of Each Receipt this Period

52.00
-------

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

146.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Christen L Partleton  
Mailing Address 4832 N Shoreland Avenue  
City State Zip Code  
Whitefish Bay WI 53217-5821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Facility Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt MM / DD / YYYY 05 / 31 / 2010  
Transaction ID: 201005261917-849  
Amount of Each Receipt this Period 22.00

**B.** Full Name (Last, First, Middle Initial)  
Harvey W Pogoriler  
Mailing Address 9185 N Rexleigh Drive  
City State Zip Code  
Bayside WI 53217-1869  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Asst Gc & Asst Sec  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt MM / DD / YYYY 05 / 15 / 2010  
Transaction ID: 2010051219051-1045  
Amount of Each Receipt this Period 24.00

**C.** Full Name (Last, First, Middle Initial)  
Harvey W Pogoriler  
Mailing Address 9185 N Rexleigh Drive  
City State Zip Code  
Bayside WI 53217-1869  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Asst Gc & Asst Sec  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt MM / DD / YYYY 05 / 31 / 2010  
Transaction ID: 201005261917-1044  
Amount of Each Receipt this Period 24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 70.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gary A Poliner

Mailing Address 825 N Prospect Avenue U

City State Zip Code  
Milwaukee WI 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

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

Transaction ID: 2010051219051-531

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary A Poliner

Mailing Address 825 N Prospect Avenue U

City State Zip Code  
Milwaukee WI 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-530

Amount of Each Receipt this Period

208.00

**C.**

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

Mailing Address 224 Ensworth Place

City State Zip Code  
Nashville TN 37205-1922

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: 2010051519050-59

Amount of Each Receipt this Period

125.00

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

541.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Charles R. Pruett		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 224 Ensworth Place		<b>Transaction ID:</b> 2010052819124-59
City Nashville	State Zip Code TN 37205-1922	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) John M. Qualy		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 13 Brentmoor Park		<b>Transaction ID:</b> 2010051519050-2
City Clayton	State Zip Code MO 63105-3067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 2080.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) John M. Qualy		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 13 Brentmoor Park		<b>Transaction ID:</b> 2010052819124-2
City Clayton	State Zip Code MO 63105-3067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 2080.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	541.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 68 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Craig L. Quinlan  
Mailing Address 2302 Court North Drive  
City Melville State NY Zip Code 11747-8122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-35  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Craig L. Quinlan  
Mailing Address 2302 Court North Drive  
City Melville State NY Zip Code 11747-8122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-35  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Steven M Radke  
Mailing Address 9600 N Crestwood Court  
City Mequon State WI Zip Code 53092-5355  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Leg & Reg Relations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-815  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 114.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 69 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Steven M Radke  
 Mailing Address 9600 N Crestwood Court  
 City State Zip Code  
 Mequon WI 53092-5355  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 1 0  
**Transaction ID:** 201005261917-814  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Leg & Reg Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Jeff D. Reeter  
 Mailing Address 7 Williamsburg Lane  
 City State Zip Code  
 Houston TX 77024-5144  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 5 / 2 0 1 0  
**Transaction ID:** 2010051519050-68  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeff D. Reeter  
 Mailing Address 7 Williamsburg Lane  
 City State Zip Code  
 Houston TX 77024-5144  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 1 0  
**Transaction ID:** 2010052819124-68  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) David R Remstad		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 2634 N Lake Drive		<b>Transaction ID:</b> 2010051219051-744
City Milwaukee	State WI	Zip Code 53211-3837
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.00
Name of Employer NML	Occupation VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

**B.**

Full Name (Last, First, Middle Initial) David R Remstad		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 2634 N Lake Drive		<b>Transaction ID:</b> 201005261917-742
City Milwaukee	State WI	Zip Code 53211-3837
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.00
Name of Employer NML	Occupation VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

**C.**

Full Name (Last, First, Middle Initial) Daniel A Riedl		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 6604 Cedar Street		<b>Transaction ID:</b> 2010051219051-664
City Wauwatosa	State WI	Zip Code 53213-3252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer NML	Occupation VP Dist Pol & Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>143.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel A Riedl

Mailing Address 6604 Cedar Street

City State Zip Code  
Wauwatosa WI 53213-3252

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

Name of Employer NML Occupation VP Dist Pol & Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-662

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Marcia Rimai

Mailing Address 4100 N Lake Drive

City State Zip Code  
Shorewood WI 53211-1719

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

Name of Employer NML Occupation EVP & Chief Admin Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-622

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Marcia Rimai

Mailing Address 4100 N Lake Drive

City State Zip Code  
Shorewood WI 53211-1719

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

Name of Employer NML Occupation EVP & Chief Admin Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-620

Amount of Each Receipt this Period  
208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **441.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 15 / 2010

Transaction ID: 2010051519050-34

Amount of Each Receipt this Period 125.00

**B.**

Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2010

Transaction ID: 2010052819124-34

Amount of Each Receipt this Period 125.00

**C.**

Full Name (Last, First, Middle Initial)  
Bethany M Rodenhuis

Mailing Address 3900 N Lake Drive

City Shorewood State WI Zip Code 53211-2448

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

Name of Employer NML Occupation VP Corp Plng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 15 / 2010

Transaction ID: 2010051219051-623

Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 310.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 104

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bethany M Rodenhuis

Mailing Address 3900 N Lake Drive

City State Zip Code  
Shorewood WI 53211-2448

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

Name of Employer Occupation  
NML VP Corp Plng

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-621

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Matt Russo

Mailing Address 139 Deep Valley Road

City State Zip Code  
New Canaan CT 06840-2804

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

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

Transaction ID: 2010051519050-62

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Matt Russo

Mailing Address 139 Deep Valley Road

City State Zip Code  
New Canaan CT 06840-2804

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-62

Amount of Each Receipt this Period  
208.00

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

476.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) R. P. Sarnecki		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 16004 King Street		<b>Transaction ID:</b> 2010051519050-45
	City Overland Park	State KS	Zip Code 66062-7508
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) R. P. Sarnecki		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 16004 King Street		<b>Transaction ID:</b> 2010052819124-45
	City Overland Park	State KS	Zip Code 66062-7508
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph M. Savino		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 8 Benedek Road		<b>Transaction ID:</b> 2010051519050-5
	City Princeton	State NJ	Zip Code 08540-2227
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2080.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	408.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 75 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph M. Savino  
Mailing Address 8 Benedek Road  
City State Zip Code  
Princeton NJ 08540-2227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-Employed General Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2080.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0  
Transaction ID: 2010052819124-5  
Amount of Each Receipt this Period  
208.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy G Schaefer  
Mailing Address 1013 E Lexington Blv  
City State Zip Code  
Whitefish Bay WI 53217-5381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NML Chief Information Officer  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 1 0  
Transaction ID: 2010051219051-849  
Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy G Schaefer  
Mailing Address 1013 E Lexington Blv  
City State Zip Code  
Whitefish Bay WI 53217-5381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NML Chief Information Officer  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0  
Transaction ID: 201005261917-848  
Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 348.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 104  
(check only one)

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

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

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

Mailing Address 1500 Greenway Terrace

City Elm Grove State WI Zip Code 53122-1611

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

Name of Employer NML Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt: 05 / 15 / 2010  
**Transaction ID:** 2010051219051-759  
 Amount of Each Receipt this Period: 208.00

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

Mailing Address 1500 Greenway Terrace

City Elm Grove State WI Zip Code 53122-1611

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

Name of Employer NML Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt: 05 / 31 / 2010  
**Transaction ID:** 201005261917-757  
 Amount of Each Receipt this Period: 208.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey S Schlinsog

Mailing Address W73N412 Greystone Drive

City Cedarburg State WI Zip Code 53012-2281

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

Name of Employer NML Occupation Dir Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 05 / 15 / 2010  
**Transaction ID:** 2010051219051-961  
 Amount of Each Receipt this Period: 24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 440.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey S Schlinsog

Mailing Address W73N412 Greystone Drive

City Cedarburg State WI Zip Code 53012-2281

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

Name of Employer NML Occupation Dir Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-960  
Amount of Each Receipt this Period 24.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen H Schluter

Mailing Address 5057 N Palisades Road

City Whitefish Bay State WI Zip Code 53217-5756

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

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-761  
Amount of Each Receipt this Period 31.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen H Schluter

Mailing Address 5057 N Palisades Road

City Whitefish Bay State WI Zip Code 53217-5756

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

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-759  
Amount of Each Receipt this Period 31.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 104  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Calvin R Schmidt

Mailing Address W205 Allen Road

City Oconomowoc State WI Zip Code 53066-9048

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

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 05 / 15 / 2010  
**Transaction ID:** 2010051219051-786  
 Amount of Each Receipt this Period: 57.00

**B.**

Full Name (Last, First, Middle Initial)  
Calvin R Schmidt

Mailing Address W205 Allen Road

City Oconomowoc State WI Zip Code 53066-9048

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

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 05 / 31 / 2010  
**Transaction ID:** 201005261917-785  
 Amount of Each Receipt this Period: 57.00

**C.**

Full Name (Last, First, Middle Initial)  
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City Bayside State WI Zip Code 53217

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

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 15 / 2010  
**Transaction ID:** 2010051219051-522  
 Amount of Each Receipt this Period: 27.00

**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 79 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City State Zip Code  
Bayside WI 53217

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

Name of Employer NML Occupation VP & Lit Cnsl

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-521

Amount of Each Receipt this Period  
27.00

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

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code  
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Sr VP Agencies

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-1065

Amount of Each Receipt this Period  
208.00

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

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code  
Milwaukee WI 53202-3493

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

Name of Employer NML Occupation Sr VP Agencies

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-1064

Amount of Each Receipt this Period  
208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 443.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Brad P. Seitzinger

Mailing Address 1672 Chieftan Circle

City State Zip Code  
Oxford MI 48371-6095

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-48

Amount of Each Receipt this Period  
52.00

**B.** Full Name (Last, First, Middle Initial)  
Brad P. Seitzinger

Mailing Address 1672 Chieftan Circle

City State Zip Code  
Oxford MI 48371-6095

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-48

Amount of Each Receipt this Period  
52.00

**C.** Full Name (Last, First, Middle Initial)  
David W Simbro

Mailing Address 311 E Erie Street Unit 4

City State Zip Code  
Milwaukee WI 53202-6040

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

Name of Employer NML Occupation  
NML VP Life Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-1054

Amount of Each Receipt this Period  
35.00

**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: PAGE 81 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
David W Simbro

Mailing Address 311 E Erie Street Unit 4

City State Zip Code  
Milwaukee WI 53202-6040

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

Name of Employer NML Occupation VP Life Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-1053

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Paul W Skalecki

Mailing Address W69N463 Fox Pointe A

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP Uw Standards

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-871

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Paul W Skalecki

Mailing Address W69N463 Fox Pointe A

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP Uw Standards

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-870

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

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

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

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

FOR LINE NUMBER: PAGE 82 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mark W Smith

Mailing Address 614 Park Crest Drive

City Thiensville State WI Zip Code 53092-1423

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-873  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Mark W Smith

Mailing Address 614 Park Crest Drive

City Thiensville State WI Zip Code 53092-1423

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

Name of Employer NML Occupation Asst Gc & Asst Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-872  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Robert L. Spinks

Mailing Address 305 Waterbury Cove

City Jackson State MS Zip Code 39232-8692

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-11  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 92.00

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

**SCHEDULE A (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 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert L. Spinks		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 305 Waterbury Cove		Transaction ID: 2010052819124-11		
	City Jackson	State MS	Zip Code 39232-8692	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation General Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul J Steffen		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 10502 N Stone Creek		Transaction ID: 2010051219051-523		
	City Mequon	State WI	Zip Code 53092-5463	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML		Occupation VP Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul J Steffen		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 10502 N Stone Creek		Transaction ID: 201005261917-522		
	City Mequon	State WI	Zip Code 53092-5463	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML		Occupation VP Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (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 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason Steigman	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 2301 E Newton Avenue	<b>Transaction ID:</b> 2010051219051-603
	City State Zip Code Shorewood WI 53211-2617	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Steigman	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 2301 E Newton Avenue	<b>Transaction ID:</b> 201005261917-602
	City State Zip Code Shorewood WI 53211-2617	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David G Stoeffel	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 6311 N Lake Drive	<b>Transaction ID:</b> 2010051219051-874
	City State Zip Code Whitefish Bay WI 53217-4343	Amount of Each Receipt this Period 29.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Invest Prod Ln Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	89.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David G Stoeffel	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 6311 N Lake Drive	<b>Transaction ID:</b> 201005261917-873
	City State Zip Code Whitefish Bay WI 53217-4343	Amount of Each Receipt this Period 29.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation VP Invest Prod Ln Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard A Strait	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 9086 N Tennyson Drive	<b>Transaction ID:</b> 2010051219051-1052
	City State Zip Code Bayside WI 53217-1967	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard A Strait	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 9086 N Tennyson Drive	<b>Transaction ID:</b> 201005261917-1051
	City State Zip Code Bayside WI 53217-1967	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	79.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daphne C. Stroud		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 150 Fernwood Drive		<b>Transaction ID:</b> 2010051519050-64		
	City East Greenwich	State RI	Zip Code 02818-1616	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Daphne C. Stroud		Date of Receipt MM / DD / YYYY 05 / 31 / 2010		
	Mailing Address 150 Fernwood Drive		<b>Transaction ID:</b> 2010052819124-64		
	City East Greenwich	State RI	Zip Code 02818-1616	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Rachel L Taknint		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 4733 N Cumberland Bl		<b>Transaction ID:</b> 2010051219051-820		
	City Whitefish Bay	State WI	Zip Code 53211-1140	Amount of Each Receipt this Period 28.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Info Risk Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	112.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 87 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rachel L Taknint

Mailing Address 4733 N Cumberland Bl

City State Zip Code  
Whitefish Bay WI 53211-1140

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

Name of Employer Occupation  
NML VP Info Risk Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-819

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 2613 N Dundee Street

City State Zip Code  
Tampa FL 33629-7516

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

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

Transaction ID: 2010051519050-14

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 2613 N Dundee Street

City State Zip Code  
Tampa FL 33629-7516

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-14

Amount of Each Receipt this Period

70.00

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

168.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 104  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael F. Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 15 / 2010

**Transaction ID:** 2010051519050-31

Amount of Each Receipt this Period 42.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael F. Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 31 / 2010

**Transaction ID:** 2010052819124-31

Amount of Each Receipt this Period 42.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City Castle Rock State CO Zip Code 80108-9148

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 ▼ 2080.00

Date of Receipt 05 / 15 / 2010

**Transaction ID:** 2010051519050-41

Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 292.00

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

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

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

FOR LINE NUMBER: PAGE 89 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code  
Castle Rock CO 80108-9148

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 ▼ 2080.00

Date of Receipt MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-41

Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Alessandro J. Tronco

Mailing Address 5 N Point Drive

City State Zip Code  
Cohoes NY 12047-3823

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051519050-66

Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Alessandro J. Tronco

Mailing Address 5 N Point Drive

City State Zip Code  
Cohoes NY 12047-3823

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 2010052819124-66

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 292.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code  
Mc Lean VA 22102-1402

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 2010051519050-57

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code  
Mc Lean VA 22102-1402

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-57

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia L Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code  
Whitefish Bay WI 53211-1252

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

Name of Employer NML Occupation  
NML VP Public Equities

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 620.00

Date of Receipt

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

Transaction ID: 2010051219051-611

Amount of Each Receipt this Period  
62.00

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

212.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Patricia L Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code  
Whitefish Bay WI 53211-1252

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

Name of Employer Occupation  
NML VP Public Equities

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 620.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-610

Amount of Each Receipt this Period

62.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code  
Newport Beach CA 92660-8403

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2010051519050-25

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code  
Newport Beach CA 92660-8403

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-25

Amount of Each Receipt this Period

100.00

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

262.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
P. Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City State Zip Code  
Glendale WI 53209-1810

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

Name of Employer NML Occupation VP Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-503

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
P. Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City State Zip Code  
Glendale WI 53209-1810

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

Name of Employer NML Occupation VP Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** 201005261917-503

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Alison F Watson

Mailing Address 629 Constitution Avenue

City State Zip Code  
Washington DC 20002-6086

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

Name of Employer NML Occupation Dir Fed Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2010

**Transaction ID:** 2010051219051-1033

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 104  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Alison F Watson

Mailing Address 629 Constitution Avenue

City Washington State DC Zip Code 20002-6086

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

Name of Employer NML Occupation Dir Fed Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2010  
**Transaction ID:** 201005261917-1032  
 Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey B Williams

Mailing Address 2004 N 72nd Street

City Wauwatosa State WI Zip Code 53213-1828

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

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 15 / 2010  
**Transaction ID:** 2010051219051-570  
 Amount of Each Receipt this Period 24.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey B Williams

Mailing Address 2004 N 72nd Street

City Wauwatosa State WI Zip Code 53213-1828

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

Name of Employer NML Occupation VP Corp Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 31 / 2010  
**Transaction ID:** 201005261917-569  
 Amount of Each Receipt this Period 24.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 98.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James R. Worrell  
Mailing Address 2218 Hopedale Avenue  
City State Zip Code  
Charlotte NC 28207-2130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-4  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
James R. Worrell  
Mailing Address 2218 Hopedale Avenue  
City State Zip Code  
Charlotte NC 28207-2130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-4  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
John W. Wright, II  
Mailing Address 4463 Jett Road Northwest  
City State Zip Code  
Atlanta GA 30327-3563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051519050-47  
Amount of Each Receipt this Period 100.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John W. Wright, II  
Mailing Address 4463 Jett Road Northwest  
City Atlanta State GA Zip Code 30327-3563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 2010052819124-47  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Conrad C York  
Mailing Address 522 Heather Lane  
City Wales State WI Zip Code 53183-9768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Marketing  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 05 / 15 / 2010  
Transaction ID: 2010051219051-765  
Amount of Each Receipt this Period 55.00

**C.** Full Name (Last, First, Middle Initial)  
Conrad C York  
Mailing Address 522 Heather Lane  
City Wales State WI Zip Code 53183-9768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Marketing  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 05 / 31 / 2010  
Transaction ID: 201005261917-763  
Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 210.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 96 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code  
Whitefish Bay WI 53217-5350

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

Name of Employer NML Occupation VP Govt Rel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 2010051219051-951

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code  
Whitefish Bay WI 53217-5350

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

Name of Employer NML Occupation VP Govt Rel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-950

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
T. Scott Zach

Mailing Address 6630 County Creek Lane

City State Zip Code  
Cedar Rapids IA 52403-7023

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: 2010051519050-61

Amount of Each Receipt this Period  
42.00

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

162.00

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

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

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

FOR LINE NUMBER: PAGE 97 / 104  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
T. Scott Zach

Mailing Address 6630 County Creek Lane

City State Zip Code  
Cedar Rapids IA 52403-7023

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-61

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas D Zale

Mailing Address 2818 E Menlo Boulevard

City State Zip Code  
Shorewood WI 53211-2652

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

Name of Employer NML Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 2010051219051-791

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas D Zale

Mailing Address 2818 E Menlo Boulevard

City State Zip Code  
Shorewood WI 53211-2652

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

Name of Employer NML Occupation  
Managing Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-790

Amount of Each Receipt this Period

50.00

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

142.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 104

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rick T Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code  
Bayside WI 53217-1334

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

Name of Employer NML Occupation  
VP Dist Strat

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

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

Transaction ID: 2010051219051-969

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)  
Rick T Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code  
Bayside WI 53217-1334

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

Name of Employer NML Occupation  
VP Dist Strat

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-968

Amount of Each Receipt this Period

31.00

**C.**

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

Mailing Address 2505 W Dean Road

City State Zip Code  
River Hills WI 53217-2010

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

Name of Employer NML Occupation  
Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

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

Transaction ID: 2010051219051-1001

Amount of Each Receipt this Period

208.00

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

270.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 104  
(check only one)

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

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

**A.**

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

Mailing Address 2505 W Dean Road

City State Zip Code  
River Hills WI 53217-2010

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

Name of Employer Occupation  
NML Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 201005261917-1000

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City State Zip Code  
Avon CT 06001-4413

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

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

Transaction ID: 2010051519050-24

Amount of Each Receipt this Period

208.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City State Zip Code  
Avon CT 06001-4413

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 0

Transaction ID: 2010052819124-24

Amount of Each Receipt this Period

208.00

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

624.00

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

23934.00

**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)

PAGE 100 / 104

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: C3424ABE441E76B291D

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

62.98

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

62.98

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

62.98

**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 101 / 104

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress Mailing Address PO Box 2232 City Jenkintown State PA Zip Code 19046 Purpose of Disbursement 2010 General Candidate Name Allyson Y. Schwartz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6B76A80FE724E9AAA6C Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement 2010 General Candidate Name Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 999C96F4EBBDA0C0FD2 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy Mailing Address 151 Linden Road City Mineola State NY Zip Code 11501 Purpose of Disbursement 2010 Primary Candidate Name Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FBE1B74773B48AAB081 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

11000.00

**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)

PAGE 102 / 104

<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)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Himes for Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement 2010 Primary Candidate Name James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6A410F29A5E7294E4F8 Date of Disbursement MM / DD / YYYY 05 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kinzinger for Congress <hr/> Mailing Address PO Box 1050 <hr/> City Bourbonnais State IL Zip Code 60914 <hr/> Purpose of Disbursement 2010 General Candidate Name Adam Kinzinger <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7B57DA7F14932574ADB Date of Disbursement MM / DD / YYYY 05 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Melissa Bean for Congress <hr/> Mailing Address PO Box 3068 <hr/> City Barrington State IL Zip Code 60010 <hr/> Purpose of Disbursement 2010 General Candidate Name Melissa Luburich Bean <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 821BD23B32E65CECAE6 Date of Disbursement MM / DD / YYYY 05 / 11 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Portman for Senate Committee <hr/> Mailing Address 8331 Little Harbor Drive <hr/> City Cincinnati State OH Zip Code 45244 <hr/> Purpose of Disbursement 2010 General Candidate Name Rob Portman <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3EAFEEA3BE40B1E61E Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Price for Congress <hr/> Mailing Address PO Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Thomas E. Price <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9D521766E33DA39AD8D Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee; the <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 2010 General Candidate Name Richard M. Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF7F2B335817A7BF98A Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 104 / 104

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement 2010 General Candidate Name Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> A606A9C368AFE1EF401 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Stivers for Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement 2010 General Candidate Name Steve Stivers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 3B1D329AEEB496DB9DB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

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

3500.00

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

22500.00