

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** 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 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [07] / [01] / [2018] through [07] / [31] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Hinze, Michelle, A., ,  
Type or Print Name of Treasurer

Signature of Treasurer *Hinze, Michelle, A.,* [Electronically Filed] Date [08] / [13] / [2018]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**The Northwestern Mutual Life Insurance Company Federal PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		358573.58
(b) Cash on Hand at Beginning of Reporting Period.....	304334.69	
(c) Total Receipts (from Line 19) .....	36064.66	252618.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	340399.35	611192.00
7. Total Disbursements (from Line 31).....	29739.55	300532.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	310659.80	310659.80
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31803.34	196729.20
(ii) Unitemized .....	4261.32	50889.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	36064.66	247618.42
(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) .....	36064.66	247618.42
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	36064.66	252618.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36064.66	252618.42

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	239.55	1732.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	239.55	1732.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	286500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	12300.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29739.55	300532.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29739.55	300532.20

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36064.66	247618.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36064.66	247618.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	239.55	1732.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	239.55	1732.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Abbass, Steven, Fay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Woodhull Ct  
 City Northport State NY Zip Code 11768-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-65**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Abbass, Steven, Fay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Woodhull Ct  
 City Northport State NY Zip Code 11768-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-65**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Abell, Rick, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6025 Princeton Reach Way  
 City Granite Bay State CA Zip Code 95746-6217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-47**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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 7 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Abell, Rick, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6025 Princeton Reach Way  
 City Granite Bay State CA Zip Code 95746-6217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-47**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. Aslakson, Eric, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15323 SE 82nd St  
 City Newcastle State WA Zip Code 98059-9223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **875.00**

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-55**  
 Amount of Each Receipt this Period **62.50**  
 Memo Item

**C. Aslakson, Eric, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15323 SE 82nd St  
 City Newcastle State WA Zip Code 98059-9223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **875.00**

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-55**  
 Amount of Each Receipt this Period **62.50**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</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 8 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Backe, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1918 E Lafayette Pl  
 City Milwaukee State WI Zip Code 53202-1395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ins & Ops Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-559**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**B. Backe, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1918 E Lafayette Pl  
 City Milwaukee State WI Zip Code 53202-1395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ins & Ops Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-556**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. Bailey, Brian, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2741 N Anacortes Ln  
 City Eagle State ID Zip Code 83616-3669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-32**  
 Amount of Each Receipt this Period 17.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.50
<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 9 OF 121  
(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. Bailey, Brian, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2741 N Anacortes Ln  
 City Eagle State ID Zip Code 83616-3669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-32**  
 Amount of Each Receipt this Period  
 17.50  
 Memo Item

**B. Barbi, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6620 N Lake Dr  
 City Fox Point State WI Zip Code 53217-4245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp - Public Investments  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-456**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Barbi, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6620 N Lake Dr  
 City Fox Point State WI Zip Code 53217-4245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp - Public Investments  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-454**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 433.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Barras, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8700 W Bennington Ct  
 City Mequon State WI Zip Code 53097-3440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-571**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**B. Barras, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8700 W Bennington Ct  
 City Mequon State WI Zip Code 53097-3440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-568**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. Barsch, Rebekah, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N46W5455 Spring Ct  
 City Cedarburg State WI Zip Code 53012-2547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Planning & Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1274.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-681**  
 Amount of Each Receipt this Period 91.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Barsch, Rebekah, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N46W5455 Spring Ct  
 City Cedarburg State WI Zip Code 53012-2547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Planning & Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1274.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-677**  
 Amount of Each Receipt this Period 91.00  
 Memo Item

**B. Bay, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6361 N Berkeley Blvd  
 City Whitefish Bay State WI Zip Code 53217-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-441**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Bay, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6361 N Berkeley Blvd  
 City Whitefish Bay State WI Zip Code 53217-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir Priv Plcmts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-439**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	131.00
<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 12 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Beer, Mitchell, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3387 Hampton Ct  
 City Thousand Oaks State CA Zip Code 91362-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-21**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Beer, Mitchell, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3387 Hampton Ct  
 City Thousand Oaks State CA Zip Code 91362-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-21**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. Belli-Fuchs, Lisa, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1465 Rolling Meadow Dr  
 City Brookfield State WI Zip Code 53045-5413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Rptg & Sys Admin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-827**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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 13 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Bender, J, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Forest St  
 Apt 17E  
 City Stamford State CT Zip Code 06901-1881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-23**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Bender, J, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Forest St  
 Apt 17E  
 City Stamford State CT Zip Code 06901-1881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-23**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Bentley, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 E Glendale Ave  
 City Whitefish Bay State WI Zip Code 53211-1239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Strat  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-444**  
 Amount of Each Receipt this Period  
 48.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	464.00
<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 14 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bentley, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2012 E Glendale Ave  
 City Whitefish Bay State WI Zip Code 53211-1239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Investment Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-442**  
 Amount of Each Receipt this Period 48.00  
 Memo Item

**B. Black, Dwaan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3520 Dumbarton Rd NW  
 City Atlanta State GA Zip Code 30327-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-16**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Black, Dwaan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3520 Dumbarton Rd NW  
 City Atlanta State GA Zip Code 30327-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-16**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.00
<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 15 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Blevons, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Pine Ct  
 City Appleton State WI Zip Code 54914-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-63**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Blevons, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Pine Ct  
 City Appleton State WI Zip Code 54914-8222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-63**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Botcher, Sandra, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10260 N RANGE LINE C  
 City MEQUON State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1498.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-692**  
 Amount of Each Receipt this Period  
 107.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	357.00
<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 16 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Botcher, Sandra, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10260 N RANGE LINE C  
 City MEQUON State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1498.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-688**  
 Amount of Each Receipt this Period  
 107.00  
 Memo Item

**B. Brase, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12877 N Cobblestone Ct  
 City Mequon State WI Zip Code 53097-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-719**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Brase, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12877 N Cobblestone Ct  
 City Mequon State WI Zip Code 53097-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp D&I And McMs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-715**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	187.00
<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 17 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Brower, Anne, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2314 E Edgewood Ave  
 City Shorewood State WI Zip Code 53211-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-463**  
 Amount of Each Receipt this Period 24.00  
 Memo Item

**B. Brower, Anne, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2314 E Edgewood Ave  
 City Shorewood State WI Zip Code 53211-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-461**  
 Amount of Each Receipt this Period 24.00  
 Memo Item

**C. Byhardt, Pency, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W148N10042 Windsong Cir E  
 City Germantown State WI Zip Code 53022-5274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Journey Transformation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-869**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.00
<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 18 OF 121  
(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. Byhardt, Pency, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W148N10042 Windsong Cir E  
 City Germantown   State WI   Zip Code 53022-5274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML   Occupation (for Individual) Vp Journey Transformation  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-865**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Byrne, Michael, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 La Casa Via  
 City Walnut Creek   State CA   Zip Code 94598-4842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed   Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-14**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Byrne, Michael, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 La Casa Via  
 City Walnut Creek   State CA   Zip Code 94598-4842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed   Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-14**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 436.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7009 W Rawson Ave

City Franklin	State WI	Zip Code 53132-8113
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

**Transaction ID : 2018071319136-807**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 7009 W Rawson Ave

City Franklin	State WI	Zip Code 53132-8113
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : 2018073119173-803**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 7322 N Mohawk Rd

City Fox Point	State WI	Zip Code 53217-3454
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Evp & Cfo
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

**Transaction ID : 2018071319136-801**

Amount of Each Receipt this Period  
208.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	268.00
<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 20 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Carter, Michael, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7322 N Mohawk Rd  
 City Fox Point State WI Zip Code 53217-3454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cfo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-797**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Castronovo, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 Evening Star Ln  
 City Bozeman State MT Zip Code 59715-7738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-31**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Castronovo, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 Evening Star Ln  
 City Bozeman State MT Zip Code 59715-7738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-31**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.00
<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 21 OF 121  
(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. Christensen, Scott, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Middle Rd  
 City Portsmouth State NH Zip Code 03801-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-29**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Christensen, Scott, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Middle Rd  
 City Portsmouth State NH Zip Code 03801-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-29**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Christophersen, Eric, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N25W27286 Fairmount Ct  
 City Pewaukee State WI Zip Code 53072-4962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1330.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-592**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Christophersen, Eric, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N25W27286 Fairmount Ct  
 City Pewaukee State WI Zip Code 53072-4962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Strat Phil & Comm Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1330.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-589**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. Condrey, R, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 907 Williamson Dr  
 City Raleigh State NC Zip Code 27608-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-1**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Condrey, R, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 907 Williamson Dr  
 City Raleigh State NC Zip Code 27608-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-1**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	511.00
<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 23 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cruse, Tait, , ,**

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

Mailing Address 2961 Belclaire Dr

City Frisco	State TX	Zip Code 75034-5969
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-20**

Amount of Each Receipt this Period  
208.00

Memo Item

**B. Cruse, Tait, , ,**

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

Mailing Address 2961 Belclaire Dr

City Frisco	State TX	Zip Code 75034-5969
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-20**

Amount of Each Receipt this Period  
208.00

Memo Item

**C. Cuffie, Sheldon, I, ,**

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

Mailing Address 9412 N Carlotta Ln

City Brown Deer	State WI	Zip Code 53223-1367
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Vp Info Risk Mgmt Privacy
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-841**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	436.00
<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 24 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Cuffie, Sheldon, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9412 N Carlotta Ln  
 City Brown Deer State WI Zip Code 53223-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Info Risk Mgmt Privacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-837**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Cunningham, Brian, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6251 S Billings Way  
 City Centennial State CO Zip Code 80111-6009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-13**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Cunningham, Brian, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6251 S Billings Way  
 City Centennial State CO Zip Code 80111-6009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-13**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	436.00
<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 25 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Dodd, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7078 E Genesee St

City Fayetteville	State NY	Zip Code 13066-1123
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

**Transaction ID : 2018071519136-17**

Amount of Each Receipt this Period  
208.00

Memo Item

**B. Dodd, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7078 E Genesee St

City Fayetteville	State NY	Zip Code 13066-1123
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : 2018073119136-17**

Amount of Each Receipt this Period  
208.00

Memo Item

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

Mailing Address 9 Falcon Dr

City Mandeville	State LA	Zip Code 70471-2952
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

**Transaction ID : 2018071519136-18**

Amount of Each Receipt this Period  
208.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.00
<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 26 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Dugal, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Falcon Dr  
 City Mandeville State LA Zip Code 70471-2952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-18**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Dunn, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4656 N Wilshire Rd  
 City Whitefish Bay State WI Zip Code 53211-1260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-532**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**C. Dunn, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4656 N Wilshire Rd  
 City Whitefish Bay State WI Zip Code 53211-1260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Ipas Cnsl  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-530**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	318.00
<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 27 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Ekeroth, Eric, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19672 Stanford Hall Pl  
 City Ashburn State VA Zip Code 20147-5223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-507**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Ekeroth, Eric, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19672 Stanford Hall Pl  
 City Ashburn State VA Zip Code 20147-5223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-505**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Ekstrand, Diane, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address S77W26988 River Ridge Cir  
 City Mukwonago State WI Zip Code 53149-8767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Hr Bus Partners  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-852**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<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 28 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Erhard, Keith, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4807 Timberwood Ct  
 City W Des Moines State IA Zip Code 50265-5447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-7**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Erhard, Keith, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4807 Timberwood Ct  
 City W Des Moines State IA Zip Code 50265-5447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-7**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Ertz, John, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18235 Shaker Blvd  
 City Shaker Hts State OH Zip Code 44120-1754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-6**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	292.00
<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 29 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ertz, John, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18235 Shaker Blvd  
 City Shaker Hts State OH Zip Code 44120-1754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-6**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Eull, Bradley, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2363 N 81st St  
 City Wauwatosa State WI Zip Code 53213-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 308.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-664**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. Eull, Bradley, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2363 N 81st St  
 City Wauwatosa State WI Zip Code 53213-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec / Ipas  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 308.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-660**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<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 30 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-504**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-502**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Franczyk, Lance, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2224 E 24th St  
 City Tulsa State OK Zip Code 74114-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-33**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<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 31 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Franczyk, Lance, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2224 E 24th St  
 City Tulsa State OK Zip Code 74114-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-33**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Frankl, Stephen, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3225 Somers Ln  
 City Port Washington State WI Zip Code 53074-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Director Planning & Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-890**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Frankl, Stephen, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3225 Somers Ln  
 City Port Washington State WI Zip Code 53074-9503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Director Planning & Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-886**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.00
<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 32 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Frieling, Robert, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Windy Hill Ln  
 City Wayland State MA Zip Code 01778-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-5**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Frieling, Robert, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Windy Hill Ln  
 City Wayland State MA Zip Code 01778-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-5**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Gahan, Christopher, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 M St NW  
 City Washington State DC Zip Code 20001-4672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 322.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-438**  
 Amount of Each Receipt this Period 23.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	439.00
<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 33 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gahan, Christopher, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 M St NW  
 City Washington State DC Zip Code 20001-4672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Federal Relations, Vp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-436**  
 Amount of Each Receipt this Period 23.00  
 Memo Item

**B. Gavin, Sheila, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5735 N Crestwood Blvd  
 City Glendale State WI Zip Code 53209-4309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-874**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. Gavin, Sheila, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5735 N Crestwood Blvd  
 City Glendale State WI Zip Code 53209-4309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-870**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.00
<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 34 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gawart, Chris, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 N Prospect Ave  
 City Milwaukee State WI Zip Code 53202-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-541**  
 Amount of Each Receipt this Period  
 51.00  
 Memo Item

**B. Gawart, Chris, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 N Prospect Ave  
 City Milwaukee State WI Zip Code 53202-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-538**  
 Amount of Each Receipt this Period  
 51.00  
 Memo Item

**C. Gerend, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5421 N Idlewild Ave  
 City Whitefish Bay State WI Zip Code 53217-5331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Career Distribution  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1904.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-526**  
 Amount of Each Receipt this Period  
 136.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	238.00
<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 35 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gerend, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5421 N Idlewild Ave  
 City Whitefish Bay State WI Zip Code 53217-5331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Career Distribution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1904.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-524**  
 Amount of Each Receipt this Period 136.00  
 Memo Item

**B. Glover, Mitchell, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 Old Darby Trl NE  
 City Ada State MI Zip Code 49301-8360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-4**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Glover, Mitchell, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 Old Darby Trl NE  
 City Ada State MI Zip Code 49301-8360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-4**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	552.00
<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 36 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Goes, Thomas, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1526 Harston Ave  
 City Orlando State FL Zip Code 32814-6700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-56**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Goes, Thomas, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1526 Harston Ave  
 City Orlando State FL Zip Code 32814-6700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-56**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Gores, Patrick, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2702 28th Ave S  
 City Fargo State ND Zip Code 58103-5045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dinger Network LLC Occupation (for Individual) Special Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-2**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<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 37 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gores, Patrick, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2702 28th Ave S  
 City Fargo State ND Zip Code 58103-5045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Dinger Network LLC Special Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-2**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. Goris, Tom, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4735 Wellington Dr  
 City Long Grove State IL Zip Code 60047-5223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self-Employed General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-15**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Goris, Tom, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4735 Wellington Dr  
 City Long Grove State IL Zip Code 60047-5223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self-Employed General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-15**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<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: (check only one)	PAGE 38 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gouverneur, Karl, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12895 N Cobblestone Ct  
 City Mequon State WI Zip Code 53097-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-921**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Gouverneur, Karl, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12895 N Cobblestone Ct  
 City Mequon State WI Zip Code 53097-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dig Wrkplce & Corp Sol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-917**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Grabner, Todd, Matthew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3086 E Silver Hawk Dr  
 City Holladay State UT Zip Code 84121-1572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-69**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 39 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Grabner, Todd, Matthew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3086 E Silver Hawk Dr  
 City Holladay State UT Zip Code 84121-1572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-69**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Grogan, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7860 N Club Cir  
 City Fox Point State WI Zip Code 53217-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Ins Prod Client  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-853**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Grogan, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7860 N Club Cir  
 City Fox Point State WI Zip Code 53217-2939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Ins Prod Client  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-849**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<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: (check only one)	PAGE 40 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gross, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Twin Springs Ln  
 City Saint Louis State MO Zip Code 63124-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-34**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Gross, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Twin Springs Ln  
 City Saint Louis State MO Zip Code 63124-1139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-34**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Guay, Thomas, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W73N377 Mulberry Ave  
 City Cedarburg State WI Zip Code 53012-2648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1232.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-545**  
 Amount of Each Receipt this Period  
 88.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	504.00
<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 41 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Guay, Thomas, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W73N377 Mulberry Ave  
 City Cedarburg State WI Zip Code 53012-2648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Risk Selection Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1232.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-542**  
 Amount of Each Receipt this Period 88.00  
 Memo Item

**B. Guinan, Stephen, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Waverly Cir  
 City Phoenixville State PA Zip Code 19460-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-28**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Guinan, Stephen, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Waverly Cir  
 City Phoenixville State PA Zip Code 19460-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-28**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	172.00
<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 42 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Hanson, Paul, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 261 Moser St  
 City Moscow State ID Zip Code 83843-9264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-30**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. Hanson, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N38W23333 Broken Hill Cir S  
 City Pewaukee State WI Zip Code 53072-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-883**  
 Amount of Each Receipt this Period  
 23.00  
 Memo Item

**C. Hanson, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N38W23333 Broken Hill Cir S  
 City Pewaukee State WI Zip Code 53072-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-879**  
 Amount of Each Receipt this Period  
 23.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.00
<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 43 OF 121  
(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. Hanson, Paul, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 261 Moser St  
 City Moscow State ID Zip Code 83843-9264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-30**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Heidenreich, Wayne, F, , md**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4753 N Larkin St  
 City Whitefish Bay State WI Zip Code 53211-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-854**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Heidenreich, Wayne, F, , md**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4753 N Larkin St  
 City Whitefish Bay State WI Zip Code 53211-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Medical  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-850**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Hempstead, Gerard, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 W Walling Dr  
 City Creve Coeur State MO Zip Code 63141-7371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-46**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Hempstead, Gerard, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 W Walling Dr  
 City Creve Coeur State MO Zip Code 63141-7371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-46**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Heurung, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 Graham Hill Rd  
 City Orono State MN Zip Code 55356-5501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-27**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<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: (check only one)	PAGE 45 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Heurung, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 Graham Hill Rd  
 City Orono State MN Zip Code 55356-5501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-27**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Hick, Laila, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10315 W Sunset Ave  
 City Wauwatosa State WI Zip Code 53222-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-846**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Hick, Laila, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10315 W Sunset Ave  
 City Wauwatosa State WI Zip Code 53222-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Transformation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-842**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.00
<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 46 OF 121  
(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. Holter, Steve, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11390 N Creekside Ct  
 City Mequon State WI Zip Code 53092-4377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-37**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Holter, Steve, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11390 N Creekside Ct  
 City Mequon State WI Zip Code 53092-4377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-37**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Iodice, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 Old Court Rd  
 City Ruxton State MD Zip Code 21204-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-10**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Iodice, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 Old Court Rd  
 City Ruxton State MD Zip Code 21204-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-10**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Jahnke, Nicholas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23702 Champe Ford Rd  
 City Middleburg State VA Zip Code 20117-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-769**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

**C. Jahnke, Nicholas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23702 Champe Ford Rd  
 City Middleburg State VA Zip Code 20117-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-765**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.00
<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 48 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jansky, Meg, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4611 N Wildwood Ave  
 City Whitefish Bay State WI Zip Code 53211-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Integration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-792**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**B. Jansky, Meg, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4611 N Wildwood Ave  
 City Whitefish Bay State WI Zip Code 53211-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Integration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-788**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**C. Jessup, Mark, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 Chickadee Ln  
 City Grafton State WI Zip Code 53024-9593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Director Engineering  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-551**  
 Amount of Each Receipt this Period  
 17.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.00
<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 49 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Jessup, Mark, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 Chickadee Ln  
 City Grafton State WI Zip Code 53024-9593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Director Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-548**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**B. Joelson, Ronald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1918 E Lafayette Pl  
 City Milwaukee State WI Zip Code 53202-1395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-448**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Joelson, Ronald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1918 E Lafayette Pl  
 City Milwaukee State WI Zip Code 53202-1395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Evp & Cio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-446**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	417.00
<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 50 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Jones, Todd, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W252N4956 Aberdeen Dr  
 City Pewaukee State WI Zip Code 53072-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President-Cntrl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1652.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-667**  
 Amount of Each Receipt this Period  
 118.00  
 Memo Item

**B. Jones, Todd, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W252N4956 Aberdeen Dr  
 City Pewaukee State WI Zip Code 53072-1351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vice President-Cntrl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1652.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-663**  
 Amount of Each Receipt this Period  
 118.00  
 Memo Item

**C. Kelley, Shawn, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7812 Remington Rd  
 City Montgomery State OH Zip Code 45242-7130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-52**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	361.00
<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 51 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Kelley, Shawn, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7812 Remington Rd  
 City Montgomery State OH Zip Code 45242-7130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-52**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Kemelgor, Troy, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7495 Bridlespur Ln  
 City Delaware State OH Zip Code 43015-8613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-48**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Kemelgor, Troy, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7495 Bridlespur Ln  
 City Delaware State OH Zip Code 43015-8613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-48**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	209.00
<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 52 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Kendler, Martha, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1775 Village Green Ct  
 # C  
 City Elm Grove State WI Zip Code 53122-1164  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Business & Adv Market  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-455**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Kiecker, David, Daniel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11696 Approach Blvd  
 City Fishers State IN Zip Code 46037-4146  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-61**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Kiecker, David, Daniel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11696 Approach Blvd  
 City Fishers State IN Zip Code 46037-4146  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-61**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	436.00
<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 53 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Koch, William, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4645 Swilcan Bridge Ln S  
 City Jacksonville State FL Zip Code 32224-5621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-3**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Koch, William, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4645 Swilcan Bridge Ln S  
 City Jacksonville State FL Zip Code 32224-5621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-3**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Kolawole, Abimbola, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 N Woodburn St  
 City Whitefish Bay State WI Zip Code 53217-6064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Policy Benefits  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 434.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-445**  
 Amount of Each Receipt this Period 43.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	293.00
<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 54 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kolawole, Abimbola, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 N Woodburn St  
 City Whitefish Bay State WI Zip Code 53217-6064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Policy Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 434.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-443**  
 Amount of Each Receipt this Period 43.00  
 Memo Item

**B. Konopa, Kevin, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2331 N 90th St  
 City Wauwatosa State WI Zip Code 53226-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Distribution Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-814**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Kosnick, Joshua, Steven, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5051 Augusta Dr  
 City Middleton State WI Zip Code 53597-8813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-72**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kosnick, Joshua, Steven, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5051 Augusta Dr  
 City Middleton State WI Zip Code 53597-8813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-72**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Kracht, Carol, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 N Prospect Ave  
 City Milwaukee State WI Zip Code 53202-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-803**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**C. Kracht, Carol, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 N Prospect Ave  
 City Milwaukee State WI Zip Code 53202-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Dep Gc/Sec & Board Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-799**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.00
<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 56 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kramer, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 665 S Euclid Ave  
 City Elmhurst State IL Zip Code 60126-4337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-54**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Kramer, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 665 S Euclid Ave  
 City Elmhurst State IL Zip Code 60126-4337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-54**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Lawhon, M, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2430 Vanderbilt Beach Rd Unit 108-349  
 City Naples State FL Zip Code 34109-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-41**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.00
<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 57 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lawhon, M, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2430 Vanderbilt Beach Rd  
 Unit 108-349  
 City Naples State FL Zip Code 34109-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-41**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Leslie, Daniel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3626 W River Ridge Ct  
 City Mequon State WI Zip Code 53092-2754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-477**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Leslie, Daniel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3626 W River Ridge Ct  
 City Mequon State WI Zip Code 53092-2754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Asst Regional Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-475**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.00
<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 58 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lueder, Matthew, James, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2359 N Wahl Ave  
 City Milwaukee State WI Zip Code 53211-4513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-59**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Lueder, Matthew, James, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2359 N Wahl Ave  
 City Milwaukee State WI Zip Code 53211-4513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-59**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Lueken, Jeffrey, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1213 E Goodrich Ln  
 City Fox Point State WI Zip Code 53217-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2352.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-743**  
 Amount of Each Receipt this Period 168.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	418.00
<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 59 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lueken, Jeffrey, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1213 E Goodrich Ln  
 City Fox Point State WI Zip Code 53217-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Securities  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2352.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-739**  
 Amount of Each Receipt this Period 168.00  
 Memo Item

**B. Lyons, Stephanie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 E Sylvan Ave  
 City Whitefish Bay State WI Zip Code 53217-5353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp - Era  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 778.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-619**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Lyons, Stephanie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 E Sylvan Ave  
 City Whitefish Bay State WI Zip Code 53217-5353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp - Era  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 778.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-616**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	322.00
<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 60 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mahaffey, Cory, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13764 Knaus Rd  
 City Lake Oswego State OR Zip Code 97034-2175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-51**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Mahaffey, Cory, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13764 Knaus Rd  
 City Lake Oswego State OR Zip Code 97034-2175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-51**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Manista, Raymond, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 N Crossway Rd  
 City Fox Point State WI Zip Code 53217-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Legal Off & Sec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-482**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<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: (check only one)	PAGE 61 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Manista, Raymond, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7236 N Crossway Rd  
 City Fox Point State WI Zip Code 53217-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Evp Chief Legal Off & Sec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-480**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Mannebach, Steven, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Colorado St # 260  
 City Austin State TX Zip Code 78701-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1652.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-572**  
 Amount of Each Receipt this Period 118.00  
 Memo Item

**C. Mannebach, Steven, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Colorado St # 260  
 City Austin State TX Zip Code 78701-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1652.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-569**  
 Amount of Each Receipt this Period 118.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	444.00
<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 62 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Marks, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8232 S Country Club Cir  
 City Franklin State WI Zip Code 53132-8532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Uw Standards  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-499**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

**B. Marks, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8232 S Country Club Cir  
 City Franklin State WI Zip Code 53132-8532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Uw Standards  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-497**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

**C. McClure, Brian, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 Wyndemere Point Dr  
 City Champaign State IL Zip Code 61822-3349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-57**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<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 63 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. McClure, Brian, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1402 Wyndemere Point Dr  
 City Champaign State IL Zip Code 61822-3349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-57**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. McLennon, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2571 N 86th St  
 City Wauwatosa State WI Zip Code 53226-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-510**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. McLennon, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2571 N 86th St  
 City Wauwatosa State WI Zip Code 53226-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Ips Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-508**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<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 64 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McQuade, Corey, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 S Berkley Ave  
 City Elmhurst State IL Zip Code 60126-3228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2082.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-62**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. McQuade, Corey, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 S Berkley Ave  
 City Elmhurst State IL Zip Code 60126-3228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2082.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-62**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. McTigue, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 E 4th St  
 City Hinsdale State IL Zip Code 60521-4603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1400.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-894**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	516.00
<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 65 OF 121  
(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. McTigue, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 E 4th St  
 City Hinsdale State IL Zip Code 60521-4603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Chief Distribution Adv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-890**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Meehan, Daniel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N30W6890 Lincoln Blvd  
 City Cedarburg State WI Zip Code 53012-2266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-484**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**C. Meehan, Daniel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N30W6890 Lincoln Blvd  
 City Cedarburg State WI Zip Code 53012-2266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-482**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 138.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Meeks, Jim, Edward, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 264 Cloister Green Ln  
 City Memphis State TN Zip Code 38120-2357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-9**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Meeks, Jim, Edward, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 264 Cloister Green Ln  
 City Memphis State TN Zip Code 38120-2357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-9**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Mees, Arthur, J, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5347 N Hollywood Ave  
 City Whitefish Bay State WI Zip Code 53217-5324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-901**  
 Amount of Each Receipt this Period  
 36.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	286.00
<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 67 OF 121  
(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. Mees, Arthur, J, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5347 N Hollywood Ave  
 City Whitefish Bay State WI Zip Code 53217-5324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Distribution Performance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-897**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

**B. Miller, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 Worcester St Apt 1  
 City Boston State MA Zip Code 02118-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-70**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Miller, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 Worcester St Apt 1  
 City Boston State MA Zip Code 02118-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-70**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Miller, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11315 E Winchcomb Dr  
 City Scottsdale State AZ Zip Code 85255-1638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-45**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Miller, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11315 E Winchcomb Dr  
 City Scottsdale State AZ Zip Code 85255-1638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-45**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Miller, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N33W29207 Millridge Rd  
 City Pewaukee State WI Zip Code 53072-3264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.00
<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 69 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Miller, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N33W29207 Millridge Rd  
 City Pewaukee    State WI    Zip Code 53072-3264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML    Occupation (for Individual) Managing Director  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-633**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Miller, Kevin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 Schenley Rd  
 City Pittsburgh    State PA    Zip Code 15217-1171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed    Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-26**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Miller, Kevin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 Schenley Rd  
 City Pittsburgh    State PA    Zip Code 15217-1171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed    Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-26**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	431.00
<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 70 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mitchell, Christian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 E Carlisle Ave  
 City Whitefish Bay State WI Zip Code 53217-4832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp - Ips  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-529**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Mitchell, Christian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 E Carlisle Ave  
 City Whitefish Bay State WI Zip Code 53217-4832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp - Ips  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-527**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Molloy, Karen, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 N 85th St  
 City Wauwatosa State WI Zip Code 53226-2846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 574.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-730**  
 Amount of Each Receipt this Period 41.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	151.00
<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 71 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Molloy, Karen, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 N 85th St  
 City Wauwatosa State WI Zip Code 53226-2846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 574.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-726**  
 Amount of Each Receipt this Period 41.00  
 Memo Item

**B. Morris, Scott, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4406 N MADERO DR  
 City MEQUON State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec -Tax/Hr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-881**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Mulroy, Timothy, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Indian Pipe  
 City Dove Canyon State CA Zip Code 92679-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-68**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	181.00
<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 72 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Mulroy, Timothy, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Indian Pipe  
 City Dove Canyon State CA Zip Code 92679-4206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-68**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Newman, Jeremy, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1140 Lone Tree Rd  
 City Elm Grove State WI Zip Code 53122-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Distribution Finance  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 472.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-911**  
 Amount of Each Receipt this Period 32.00  
 Memo Item

**C. Newman, Jeremy, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1140 Lone Tree Rd  
 City Elm Grove State WI Zip Code 53122-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Distribution Finance  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 472.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-907**  
 Amount of Each Receipt this Period 32.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	189.00
<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 73 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. O Connell, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4807 W Woodmere Rd  
 City Tampa State FL Zip Code 33609-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-67**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. O Connell, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4807 W Woodmere Rd  
 City Tampa State FL Zip Code 33609-3632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-67**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**c. Oberland, Gregory, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4514 N Lake Dr  
 City Whitefish Bay State WI Zip Code 53211-1252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-501**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.00
<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 74 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Oberland, Gregory, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4514 N Lake Dr  
 City Whitefish Bay State WI Zip Code 53211-1252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-499**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Otto, Timothy, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14255 Tulane St  
 City Brookfield State WI Zip Code 53005-4170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-546**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Pavlick, Randy, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N38W28908 Middlefield Rd  
 City Pewaukee State WI Zip Code 53072-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-470**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	243.00
<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 75 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Pavlick, Randy, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N38W28908 Middlefield Rd  
 City Pewaukee State WI Zip Code 53072-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Managed Investmens Compl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-468**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Pickering, William, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1823 N 81st St  
 City Wauwatosa State WI Zip Code 53213-2146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Intl Pro  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-857**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Pierz, Michele, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9719 N Lamplighter Ln  
 City Mequon State WI Zip Code 53092-5322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-458**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pierz, Michele, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9719 N Lamplighter Ln  
 City Mequon State WI Zip Code 53092-5322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) SR Dir Fld Mrktg Eng&Intg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-456**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Plocher, Matthew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4324 Chevy Chase Dr  
 City La Canada State CA Zip Code 91011-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-36**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Plocher, Matthew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4324 Chevy Chase Dr  
 City La Canada State CA Zip Code 91011-3203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-36**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	436.00
<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 77 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Porter, Rebecca, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 Stratford Dr  
 City Greendale State WI Zip Code 53129-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Corp Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1064.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-472**  
 Amount of Each Receipt this Period 76.00  
 Memo Item

**B. Porter, Rebecca, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 Stratford Dr  
 City Greendale State WI Zip Code 53129-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Corp Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1064.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-470**  
 Amount of Each Receipt this Period 76.00  
 Memo Item

**C. Pruet, Charles, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 Stonewall Dr  
 City Nashville State TN Zip Code 37220-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-38**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<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 78 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pruet, Charles, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 Stonewall Dr  
 City Nashville State TN Zip Code 37220-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-38**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Radke, Steven, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 W Ravine Ct  
 City Thiensville State WI Zip Code 53092-5861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 907.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-679**  
 Amount of Each Receipt this Period 108.00  
 Memo Item

**C. Radke, Steven, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 W Ravine Ct  
 City Thiensville State WI Zip Code 53092-5861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Govt Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 907.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-675**  
 Amount of Each Receipt this Period 108.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.00
<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 79 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Reeter, Jeff, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Williamsburg Ln  
 City Houston State TX Zip Code 77024-5144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-53**  
 Amount of Each Receipt this Period 130.00  
 Memo Item

**B. Reeter, Jeff, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Williamsburg Ln  
 City Houston State TX Zip Code 77024-5144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-53**  
 Amount of Each Receipt this Period 130.00  
 Memo Item

**C. Remstad, David, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2634 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-3837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1638.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-628**  
 Amount of Each Receipt this Period 117.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	377.00
<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 80 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Remstad, David, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2634 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-3837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1638.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-625**  
 Amount of Each Receipt this Period 117.00  
 Memo Item

**B. Reynolds, Courtney, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2221 E Newberry Blvd  
 City Milwaukee State WI Zip Code 53211-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comm & Corp Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-464**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Reynolds, Courtney, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2221 E Newberry Blvd  
 City Milwaukee State WI Zip Code 53211-3746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Comm & Corp Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-462**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.00
<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 81 OF 121  
(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. Rhoades, Adam, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2038 Rosemont PI  
 City Vestavia State AL Zip Code 35243-1767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-42**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Rhoades, Adam, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2038 Rosemont PI  
 City Vestavia State AL Zip Code 35243-1767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-42**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Richardson, Peter, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 E Green Tree Rd  
 City Fox Point State WI Zip Code 53217-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ipas  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-442**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 436.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Richardson, Peter, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 E Green Tree Rd  
 City Fox Point State WI Zip Code 53217-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/lpas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-440**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Richardson, Wesley, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Open Gate Whitaker Hill Rd  
 City Huntington State WV Zip Code 25701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-71**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Richardson, Wesley, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Open Gate Whitaker Hill Rd  
 City Huntington State WV Zip Code 25701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-71**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<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 83 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Rivers, J, Daniel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 River Ridge Cv  
 City Prospect State KY Zip Code 40059-8038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-12**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Rivers, J, Daniel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 River Ridge Cv  
 City Prospect State KY Zip Code 40059-8038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-12**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Rodenhuis, Bethany, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 N Lake Dr  
 City Shorewood State WI Zip Code 53211-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Transformation Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-531**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	566.00
<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 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rodenhuis, Bethany, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 N Lake Dr  
 City Shorewood State WI Zip Code 53211-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp & Chief Transformation Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-529**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Roou, Tammy, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N99W14710 Amber Dr  
 City Germantown State WI Zip Code 53022-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Risk Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-674**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Roou, Tammy, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N99W14710 Amber Dr  
 City Germantown State WI Zip Code 53022-6611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Risk Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-670**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Russo, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 Deep Valley Rd  
 City New Canaan State CT Zip Code 06840-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-44**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Russo, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 Deep Valley Rd  
 City New Canaan State CT Zip Code 06840-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-44**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Salchert, Julie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 367 Tanager Dr  
 City Grafton State WI Zip Code 53024-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Sales Promo & Integration  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-568**  
 Amount of Each Receipt this Period  
 17.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.00
<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 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Salchert, Julie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 367 Tanager Dr  
 City Grafton State WI Zip Code 53024-1764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Sales Promo & Integration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-565**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**B. Sarnecki, R, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18240 Melrose Dr  
 City Bucyrus State KS Zip Code 66013-9081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-22**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sarnecki, R, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18240 Melrose Dr  
 City Bucyrus State KS Zip Code 66013-9081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-22**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	217.00
<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 OF 121  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Schaefer, Timothy, G, ,**

Mailing Address 1013 E Lexington Blvd

City Whitefish Bay    State WI    Zip Code 53217-5381

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

Name of Employer (for Individual) NML    Occupation (for Individual) Evp Client And Dig Exp

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **2912.00**

Date of Receipt **07 / 15 / 2018**

**Transaction ID : 2018071319136-709**

Amount of Each Receipt this Period **208.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Schaefer, Timothy, G, ,**

Mailing Address 1013 E Lexington Blvd

City Whitefish Bay    State WI    Zip Code 53217-5381

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

Name of Employer (for Individual) NML    Occupation (for Individual) Evp Client And Dig Exp

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **2912.00**

Date of Receipt **07 / 31 / 2018**

**Transaction ID : 2018073119173-705**

Amount of Each Receipt this Period **208.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Schattschneider, Cal, D, ,**

Mailing Address 5940 Stefanie Way

City Caledonia    State WI    Zip Code 53108-9563

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

Name of Employer (for Individual) NML    Occupation (for Individual) Dir Campus Planning&Ops

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼ **478.00**

Date of Receipt **07 / 15 / 2018**

**Transaction ID : 2018071319136-863**

Amount of Each Receipt this Period **35.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **451.00**

**TOTAL** This Period (last page this line number 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 OF 121  
(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. Schattschneider, Cal, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5940 Stefanie Way  
 City Caledonia State WI Zip Code 53108-9563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Campus Planning&Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-859**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Schenkel, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27085 Saddlerock PI  
 City Harrisburg State SD Zip Code 57032-8243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-64**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Schenkel, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27085 Saddlerock PI  
 City Harrisburg State SD Zip Code 57032-8243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-64**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schickert, Sherri, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W147N9815 Emerald Ln  
 City Germantown State WI Zip Code 53022-6620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Proj/Bus Imp Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-699**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**B. Schickert, Sherri, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W147N9815 Emerald Ln  
 City Germantown State WI Zip Code 53022-6620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Dir Proj/Bus Imp Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-695**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. Schlifske, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 Greenway Ter  
 City Elm Grove State WI Zip Code 53122-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman & Ceo  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-646**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.00
<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 90 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

**A. Schlifske, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 Greenway Ter  
 City Elm Grove State WI Zip Code 53122-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Chairman & Ceo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-642**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Schmidt, Calvin, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W205 Allen Rd  
 City Oconomowoc State WI Zip Code 53066-9048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Product Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-657**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Schmidt, Calvin, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W205 Allen Rd  
 City Oconomowoc State WI Zip Code 53066-9048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Product Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-653**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<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 91 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Schneider, Rodd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 E Fairy Chasm Rd  
 # R  
 City Bayside State WI Zip Code 53217-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 652.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-450**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Schneider, Rodd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 E Fairy Chasm Rd  
 # R  
 City Bayside State WI Zip Code 53217-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Litig & Dist Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 652.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-448**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Schneider, Sarah, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4380 N Wildwood Ave  
 City Shorewood State WI Zip Code 53211-1436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp-New Business  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1358.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-640**  
 Amount of Each Receipt this Period  
 97.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.00
<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 92 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schneider, Sarah, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4380 N Wildwood Ave  
 City Shorewood State WI Zip Code 53211-1436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp-New Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1358.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-637**  
 Amount of Each Receipt this Period 97.00  
 Memo Item

**B. Schott, Sarah, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5712 N Kent Ave  
 City Whitefish Bay State WI Zip Code 53217-4724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-614**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Schott, Sarah, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5712 N Kent Ave  
 City Whitefish Bay State WI Zip Code 53217-4724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Compliance/Bp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-611**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.00
<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 93 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Schultz, Deborah, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 S WATERVILLE LA  
 City OCONOMOWOC State WI Zip Code 53066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 716.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-749**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Schultz, Deborah, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 S WATERVILLE LA  
 City OCONOMOWOC State WI Zip Code 53066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Financial Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 716.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-745**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Seiden, Adam, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunset Rd  
 City Darien State CT Zip Code 06820-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-58**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	308.00
<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 94 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Seiden, Adam, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Sunset Rd  
 City Darien State CT Zip Code 06820-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-58**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Seitzinger, Brad, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Pine Needle Trl  
 City Oakland Twp State MI Zip Code 48306-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-25**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**C. Seitzinger, Brad, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Pine Needle Trl  
 City Oakland Twp State MI Zip Code 48306-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-25**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.00
<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 95 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Simbro, David, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 E Erie St  
 Unit 4  
 City Milwaukee State WI Zip Code 53202-6040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Life, Annuity & Prod Sol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-888**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Simbro, David, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 E Erie St  
 Unit 4  
 City Milwaukee State WI Zip Code 53202-6040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Svp Life, Annuity & Prod Sol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-884**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Smith, Walter, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 860 W Blackhawk St  
 City Chicago State IL Zip Code 60642-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-909**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.00
<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 96 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Smith, Walter, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 860 W Blackhawk St  
 City Chicago State IL Zip Code 60642-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-905**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**B. Sperka, Steve, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address S67W17735 Copper Oaks Ct  
 City Muskego State WI Zip Code 53150-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Rewards  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1316.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-661**  
 Amount of Each Receipt this Period 94.00  
 Memo Item

**C. Sperka, Steve, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address S67W17735 Copper Oaks Ct  
 City Muskego State WI Zip Code 53150-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Field Rewards  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1316.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-657**  
 Amount of Each Receipt this Period 94.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<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 97 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Stanley, Tony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3914 White Stone Rd  
 City Newtown Sq State PA Zip Code 19073-1095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-66**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**B. Stanley, Tony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3914 White Stone Rd  
 City Newtown Sq State PA Zip Code 19073-1095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-66**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Steigman, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 E Newton Ave  
 City Shorewood State WI Zip Code 53211-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071319136-514**  
 Amount of Each Receipt this Period  
 23.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<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 98 OF 121  
(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. Steigman, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 E Newton Ave  
 City Shorewood State WI Zip Code 53211-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Dire Pub Bond  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-512**  
 Amount of Each Receipt this Period 23.00  
 Memo Item

**B. Stone, Stephen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2511 N 95th St  
 City Wauwatosa State WI Zip Code 53226-1749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-569**  
 Amount of Each Receipt this Period 28.00  
 Memo Item

**C. Stone, Stephen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2511 N 95th St  
 City Wauwatosa State WI Zip Code 53226-1749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Enterprise Risk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-566**  
 Amount of Each Receipt this Period 28.00  
 Memo Item

**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: (check only one)	PAGE 99 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Striano, Peter, F, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11050 NW 78th Pl  
 City Parkland State FL Zip Code 33076-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-39**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Striano, Peter, F, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11050 NW 78th Pl  
 City Parkland State FL Zip Code 33076-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-39**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Stribling, Steven, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11830 W Whitaker Ave  
 City Greenfield State WI Zip Code 53228-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-898**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	451.00
<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 100 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stribling, Steven, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11830 W Whitaker Ave  
 City Greenfield State WI Zip Code 53228-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Product Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-894**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Stugelmeyer, Brenda, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6970 W Fox Haven Ct  
 City Franklin State WI Zip Code 53132-7402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Real Estate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 638.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-729**  
 Amount of Each Receipt this Period 43.00  
 Memo Item

**C. Stugelmeyer, Brenda, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6970 W Fox Haven Ct  
 City Franklin State WI Zip Code 53132-7402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Real Estate Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 638.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-725**  
 Amount of Each Receipt this Period 43.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	121.00
<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 101 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Swain, Christopher, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10927 N Wyngate Trce  
 City Mequon State WI Zip Code 53092-5862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Public Investments  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-686**  
 Amount of Each Receipt this Period 38.00  
 Memo Item

**B. Swain, Christopher, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10927 N Wyngate Trce  
 City Mequon State WI Zip Code 53092-5862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Public Investments  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-682**  
 Amount of Each Receipt this Period 38.00  
 Memo Item

**C. Swoboda, Benjamin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5227 N Hollywood Ave  
 City Whitefish Bay State WI Zip Code 53217-5322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-724**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Swoboda, Benjamin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5227 N Hollywood Ave  
 City Whitefish Bay State WI Zip Code 53217-5322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Astgncnl&Ast Sec/Sec&Re  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-720**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**B. Talajkowski, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4119 N Prospect Ave  
 City Shorewood State WI Zip Code 53211-1741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Avp Tax And Tax Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-716**  
 Amount of Each Receipt this Period 48.00  
 Memo Item

**C. Talajkowski, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4119 N Prospect Ave  
 City Shorewood State WI Zip Code 53211-1741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Avp Tax And Tax Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-712**  
 Amount of Each Receipt this Period 48.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<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 103 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Tews, Michael, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 S 249th Cir  
 City Waterloo State NE Zip Code 68069-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-8**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Tews, Michael, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 S 249th Cir  
 City Waterloo State NE Zip Code 68069-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-8**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Theodore, Scott, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12505 Ventana Mesa Cir  
 City Castle Pines State CO Zip Code 80108-9148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-19**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<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 104 OF 121  
(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. Theodore, Scott, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12505 Ventana Mesa Cir  
 City Castle Pines State CO Zip Code 80108-9148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119136-19**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Timmer, Douglas, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13525 N Laurel Ln  
 City Mequon State WI Zip Code 53097-2427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Secr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2018  
**Transaction ID : 2018073119173-830**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**C. Tronco, Alex, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Stoneridge Dr  
 City Loudonville State NY Zip Code 12211-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2082.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2018  
**Transaction ID : 2018071519136-50**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	431.00
<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 105 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Tronco, Alex, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Stoneridge Dr  
 City Loudonville State NY Zip Code 12211-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2082.00**

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-50**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

**B. Trost, Chris, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1218 E Olive St  
 City Shorewood State WI Zip Code 53211-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **572.00**

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-513**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item

**C. Trost, Chris, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1218 E Olive St  
 City Shorewood State WI Zip Code 53211-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Actuary  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **572.00**

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-511**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>288.00</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 106 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tucker, Leo, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Potomac River Rd  
 City Mc Lean State VA Zip Code 22102-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2082.00**

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-35**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

**B. Tucker, Leo, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Potomac River Rd  
 City Mc Lean State VA Zip Code 22102-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2082.00**

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-35**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

**C. Van Der Hyde, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 849 Sabot Hill Rd  
 City Manakin Sabot State VA Zip Code 23103-3009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2912.00**

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-11**  
 Amount of Each Receipt this Period **208.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>624.00</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 107 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Van Der Hyde, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 849 Sabot Hill Rd  
 City Manakin Sabot State VA Zip Code 23103-3009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-11**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Vandommelen, Deborah, , , md**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W66N679 Madison Ave  
 City Cedarburg State WI Zip Code 53012-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-771**  
 Amount of Each Receipt this Period 34.00  
 Memo Item

**C. Vandommelen, Deborah, , , md**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W66N679 Madison Ave  
 City Cedarburg State WI Zip Code 53012-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp & Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119173-767**  
 Amount of Each Receipt this Period 34.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	276.00
<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 108 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Vedder, Andrew, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4856 N Bartlett Ave  
 City Whitefish Bay State WI Zip Code 53217-6016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solvency & Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-900**  
 Amount of Each Receipt this Period 32.00  
 Memo Item

**B. Vedder, Andrew, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4856 N Bartlett Ave  
 City Whitefish Bay State WI Zip Code 53217-6016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Solvency & Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-896**  
 Amount of Each Receipt this Period 32.00  
 Memo Item

**C. Warren, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4201 N Murray Ave  
 City Shorewood State WI Zip Code 53211-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-808**  
 Amount of Each Receipt this Period 18.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.00
<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 109 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Warren, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4201 N Murray Ave  
 City Shorewood State WI Zip Code 53211-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Ast Gn Cnl & Ast Sec/Ins  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-804**  
 Amount of Each Receipt this Period 18.00  
 Memo Item

**B. Wassweiler, Andrew, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6746 W River Terrace Dr # D  
 City Franklin State WI Zip Code 53132-8363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-665**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**C. Wassweiler, Andrew, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6746 W River Terrace Dr # D  
 City Franklin State WI Zip Code 53132-8363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Mang Dir High Yield  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-661**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 56.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Williams, Jeffrey, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 N 72nd St  
 City Wauwatosa State WI Zip Code 53213-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Nmis-Nmwmc Chief Compl Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-489**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Williams, Jeffrey, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 N 72nd St  
 City Wauwatosa State WI Zip Code 53213-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Nmis-Nmwmc Chief Compl Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-487**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Williams-Kemp, Kamilah, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8645 N Dean Cir  
 City River Hills State WI Zip Code 53217-2038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Di & Ltc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-672**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Williams-Kemp, Kamilah, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8645 N Dean Cir  
 City River Hills State WI Zip Code 53217-2038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Di & Ltc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-668**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Worrell, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2423 Beretania Cir  
 City Charlotte State NC Zip Code 28211-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-49**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Worrell, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2423 Beretania Cir  
 City Charlotte State NC Zip Code 28211-3631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-49**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	496.00
<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 112 OF 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Wright, John, William, , II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 King Rd NW  
 City Atlanta State GA Zip Code 30342-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.38**

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071519136-24**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

**B. Wright, John, William, , II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 King Rd NW  
 City Atlanta State GA Zip Code 30342-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.38**

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 2018073119136-24**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

**C. Yeazel, Brian, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N110W5390 W Highland Dr  
 City Cedarburg State WI Zip Code 53012-3604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **252.00**

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 2018071319136-591**  
 Amount of Each Receipt this Period **18.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **101.34**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 113 OF 121  
(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. Yeazel, Brian, K, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N110W5390 W Highland Dr

City Cedarburg	State WI	Zip Code 53012-3604
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : 2018073119173-588**

Amount of Each Receipt this Period  
18.00

Memo Item

**B. Young, Catherine, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 929 N ASTOR ST UNIT

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Ast Gn Cn & Ast Sec/Re
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

**Transaction ID : 2018071319136-914**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. Young, Catherine, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 929 N ASTOR ST UNIT

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NML	Occupation (for Individual) Ast Gn Cn & Ast Sec/Re
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

**Transaction ID : 2018073119173-910**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.00
<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 114 OF 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Zach, T Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6630 Country Creek Ln  
 City Cedar Rapids State IA Zip Code 52403-7023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1750.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071519136-43**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Zach, T Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6630 Country Creek Ln  
 City Cedar Rapids State IA Zip Code 52403-7023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) General Insurance Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1750.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119136-43**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Zale, Thomas, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2818 E Menlo Blvd  
 City Shorewood State WI Zip Code 53211-2652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2436.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-662**  
 Amount of Each Receipt this Period 174.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.00
<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 115 OF 121
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Zale, Thomas, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2818 E Menlo Blvd  
 City Shorewood State WI Zip Code 53211-2652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2436.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-658**  
 Amount of Each Receipt this Period 174.00  
 Memo Item

**B. Zehner, Rick, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 W Ravine Baye Rd  
 City Bayside State WI Zip Code 53217-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 614.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 2018071319136-805**  
 Amount of Each Receipt this Period 43.00  
 Memo Item

**C. Zehner, Rick, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 W Ravine Baye Rd  
 City Bayside State WI Zip Code 53217-1334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NML Occupation (for Individual) Vp Research & Special Projects  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 614.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 2018073119173-801**  
 Amount of Each Receipt this Period 43.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	31803.34

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

### A. US Bank

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement  
Service Charge

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2018

FEC Identification Number

C
Transaction ID : 65A86948F44
Amount of Each Disbursement this Period
239.55

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

239.55
239.55

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

Mailing Address PO Box 50

FEC Identification Number

**C** C00495846

City Ballwin State MO Zip Code 63022

**Transaction ID : EFF090E7DF**

Purpose of Disbursement  
2018 General

**011**  
Category/  
Type

Amount of Each Disbursement this Period

500.00

Candidate Name  
**Wagner, Ann, Louise, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Memo Item

Full Name (Last, First, Middle Initial)

**B. Beatty For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2018

Mailing Address 222 East Town Street  
Suite 2W

FEC Identification Number

**C** C00507368

City Columbus State OH Zip Code 43215

**Transaction ID : 8FDAA07839/**

Purpose of Disbursement  
2018 General

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name  
**Beatty, Joyce, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bill Foster For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2018

Mailing Address P.O. Box 9104

FEC Identification Number

**C** C00435099

City Aurora State IL Zip Code 60598

**Transaction ID : 4C2ADD5E6/**

Purpose of Disbursement  
2018 General

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name  
**Foster, Bill, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Cleaver For Congress**

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement  
2018 General

001  
Category/  
Type

Candidate Name  
**Cleaver, Emanuel, , , II**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: MO District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2018

FEC Identification Number

**C** C00395848  
**Transaction ID : 235887E49CC**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Common Sense Colorado**

Mailing Address PO Box 1978

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2018 Contribution

011  
Category/  
Type

Candidate Name  
**Common Sense Colorado**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2018

FEC Identification Number

**C** C00491936  
**Transaction ID : 8FEFA749C1:**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jobs And Innovation Matter PAC (JIM PAC)**

Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2018 Contribution

011  
Category/  
Type

Candidate Name  
**Jobs And Innovation Matter PAC (JIM PAC)**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2018

FEC Identification Number

**C** C00494112  
**Transaction ID : C94EB7AD0:**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Larson For Congress**

Mailing Address PO Box 261172

City  
Hartford

State  
CT

Zip Code  
06126-1172

Purpose of Disbursement  
2018 General

**011**  
Category/  
Type

Candidate Name  
**Larson, John, Barry, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

/  /

FEC Identification Number

**C** C00330142

**Transaction ID : 1589FD936B**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Preserving America's Traditions (PATPAC)**

Mailing Address 610 S. Boulevard

City  
Tampa

State  
FL

Zip Code  
33606

Purpose of Disbursement  
2018 Contribution

**011**  
Category/  
Type

Candidate Name  
**Preserving America's Traditions (PATPAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00383869

**Transaction ID : 27F40EDDD9**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ron Estes For Congress**

Mailing Address 12224 E Bracken Ct

City  
Wichita

State  
KS

Zip Code  
67206-4126

Purpose of Disbursement  
2018 Primary

**011**  
Category/  
Type

Candidate Name  
**Estes, Ron, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

/  /

FEC Identification Number

**C** C00632067

**Transaction ID : C48D21D14C**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Ron Johnson For Senate Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

Mailing Address 138 Conant Street 2Nd Floor

FEC Identification Number

**C** C00482984

City Beverly State MA Zip Code 01915

**Transaction ID : ECD7EDC46f**

Purpose of Disbursement 2022 Primary

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name Johnson, Ronald, H., ,

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼

Memo Item

State: WI District:

Full Name (Last, First, Middle Initial)

**B. Smucker For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2018

Mailing Address 548 Steel Way PO Box 7066

FEC Identification Number

**C** C00599464

City Lancaster State PA Zip Code 17604

**Transaction ID : E555CA5476z**

Purpose of Disbursement 2018 General

**011**  
Category/  
Type

Amount of Each Disbursement this Period

500.00

Candidate Name Smucker, Lloyd, K., ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

Memo Item

State: PA District: 11

Full Name (Last, First, Middle Initial)

**C. Steil For Wisconsin, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2018

Mailing Address 1818 Milton Avenue #1448

FEC Identification Number

**C** C00677286

City Janesville State WI Zip Code 53545

**Transaction ID : 365CC62547i**

Purpose of Disbursement 2018 Primary

**011**  
Category/  
Type

Amount of Each Disbursement this Period

5000.00

Candidate Name Steil, Bryan, G., ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

Memo Item

State: WI District: 01

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

6500.00

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

**The Northwestern Mutual Life Insurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Victory Now PAC**

Mailing Address 10605 Concord St. -- Ste. 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2018 Contribution

Category/  
Type

Candidate Name

**Victory Now PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : FFAE23A08D**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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