

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE**-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST**-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period

04 / 01 / 2016 through 04 / 30 / 2016

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

Type or Print Name of Treasurer Michelle A. Hinze

Signature of Treasurer

Michelle A. Hinze

[Electronically Filed]

Date

05 / 18 / 2016

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="196955.78"/>	<input type="text" value="196955.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="167537.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="34638.04"/>	<input type="text" value="140178.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="202175.79"/>	<input type="text" value="337133.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48238.85"/>	<input type="text" value="183197.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="153936.94"/>	<input type="text" value="153936.94"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	28352.32	98766.12
(ii) Unitemized	6285.72	41412.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34638.04	140178.16
(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)	34638.04	140178.16
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34638.04	140178.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34638.04	140178.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	238.85	947.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	238.85	947.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	168250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	14000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	48238.85	183197.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48238.85	183197.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34638.04	140178.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34638.04	140178.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	238.85	947.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	238.85	947.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Steven Fay Abbass
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-67

Amount of Each Receipt this Period
125.00

Memo Item

B. Steven Fay Abbass
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-67

Amount of Each Receipt this Period
125.00

Memo Item

C. Rick A. Abell
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-53

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 103
	<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. Rick A. Abell
 Full Name (Last, First, Middle Initial)
 Mailing Address 6025 Princeton Reach Way
 City State Zip Code
 Granite Bay CA 95746-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-53
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Eric D. Aslakson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15323 SE 82nd St
 City State Zip Code
 Newcastle WA 98059-9223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-60
 Amount of Each Receipt this Period
 62.50
 Memo Item

C. Eric D. Aslakson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15323 SE 82nd St
 City State Zip Code
 Newcastle WA 98059-9223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-60
 Amount of Each Receipt this Period
 62.50
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Leslie Barbi
Full Name (Last, First, Middle Initial)

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 NML Occupation Svp - Public Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-503

Amount of Each Receipt this Period
 208.00

Memo Item

B. Leslie Barbi
Full Name (Last, First, Middle Initial)

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 NML Occupation Svp - Public Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-503

Amount of Each Receipt this Period
 208.00

Memo Item

C. Rebekah B. Barsch
Full Name (Last, First, Middle Initial)

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 NML Occupation VP Planning & Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-759

Amount of Each Receipt this Period
 77.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	493.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Rebekah B. Barsch
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Planning & Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-759
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Douglas P. Bates
 Full Name (Last, First, Middle Initial)
 Mailing Address 5413 Mount Corcoran PI
 City Burke State VA Zip Code 22015-2188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-525
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Douglas P. Bates
 Full Name (Last, First, Middle Initial)
 Mailing Address 5413 Mount Corcoran PI
 City Burke State VA Zip Code 22015-2188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-525
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	187.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Blaise C. Beaulier
Full Name (Last, First, Middle Initial)
Mailing Address 23300 Dover Line Rd
City Waterford State WI Zip Code 53185-4908
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Ent Proj & Supp
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **664.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041319749-897
Amount of Each Receipt this Period **83.00**
 Memo Item

B. Blaise C. Beaulier
Full Name (Last, First, Middle Initial)
Mailing Address 23300 Dover Line Rd
City Waterford State WI Zip Code 53185-4908
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation VP Ent Proj & Supp
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **664.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-897
Amount of Each Receipt this Period **83.00**
 Memo Item

c. Mitchell C. Beer
Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-29
Amount of Each Receipt this Period **125.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **291.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 103 (check only one) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> 11a</td> <td style="text-align: center;"><input type="checkbox"/> 11b</td> <td style="text-align: center;"><input type="checkbox"/> 11c</td> <td style="text-align: center;"><input type="checkbox"/> 12</td> <td style="text-align: center;"><input type="checkbox"/> 13</td> <td style="text-align: center;"><input type="checkbox"/> 14</td> <td style="text-align: center;"><input type="checkbox"/> 15</td> <td style="text-align: center;"><input type="checkbox"/> 16</td> <td style="text-align: center;"><input type="checkbox"/> 17</td> </tr> </table>	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17		

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

Full Name (Last, First, Middle Initial) A. Mitchell C. Beer	Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2016 Transaction ID : 2016042919750-29
Mailing Address 3387 Hampton Ct	Amount of Each Receipt this Period 125.00
City State Zip Code Thousand Oaks CA 91362-1130	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) B. J. Philip Bender	Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016 Transaction ID : 2016041519748-31
Mailing Address 70 Forest St Apt 18D	Amount of Each Receipt this Period 50.00
City State Zip Code Stamford CT 06901-1881	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) C. J. Philip Bender	Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2016 Transaction ID : 2016042919750-31
Mailing Address 70 Forest St Apt 18D	Amount of Each Receipt this Period 50.00
City State Zip Code Stamford CT 06901-1881	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Beth M. Berger
Full Name (Last, First, Middle Initial)
Mailing Address 4141 N Murray Ave
City Shorewood State WI Zip Code 53211-2011
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Secur
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-521
Amount of Each Receipt this Period 38.00
 Memo Item

B. Beth M. Berger
Full Name (Last, First, Middle Initial)
Mailing Address 4141 N Murray Ave
City Shorewood State WI Zip Code 53211-2011
FEC ID number of contributing federal political committee. **C**
Name of Employer NML Occupation Ast Gn Cnl & Ast Sec/Secur
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-521
Amount of Each Receipt this Period 38.00
 Memo Item

C. Dwaan C. Black
Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-24
Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 103
	<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. Dwaan C. Black
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-24
 Amount of Each Receipt this Period **42.00**
 Memo Item

B. Garrett J. Bleakley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-6
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. Garrett J. Bleakley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5460 Chelsea Ave
 City La Jolla State CA Zip Code 92037-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-6
 Amount of Each Receipt this Period **125.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 OF 103
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)
A. Debra Blevons

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-66

Amount of Each Receipt this Period
125.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Debra Blevons

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-66

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 8677 Alvarado Ct

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-7

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 103
(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 (Last, First, Middle Initial)
A. Timothy John Bohannon

Mailing Address 8677 Alvarado Ct

City Inver Grove State MN Zip Code 55077-3121

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1664.00**

Date of Receipt
 / /
Transaction ID : 2016042919750-7

Amount of Each Receipt this Period

 Memo Item

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

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 NML Occupation VP Facility Ops

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **800.00**

Date of Receipt
 / /
Transaction ID : 2016041319749-769

Amount of Each Receipt this Period

 Memo Item

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

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 NML Occupation VP Facility Ops

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **800.00**

Date of Receipt
 / /
Transaction ID : 2016042719749-769

Amount of Each Receipt this Period

 Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 103
(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. Jennifer L. Brase
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Div & Inclusion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-802
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Jennifer L. Brase
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Div & Inclusion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-802
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Michael T. Byrne
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-22
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Michael T. Byrne
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-22

Amount of Each Receipt this Period
208.00

Memo Item

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

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 NML
Occupation EVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041319749-903

Amount of Each Receipt this Period
208.00

Memo Item

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

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 NML
Occupation EVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042719749-903

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 18 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Greg Castronovo
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-38

Amount of Each Receipt this Period
42.00

Memo Item

B. Greg Castronovo
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-38

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 12 High Meadow Ln

City Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-37

Amount of Each Receipt this Period
75.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 19 OF 103
(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. Scott G. Christensen
Full Name (Last, First, Middle Initial)
Mailing Address 12 High Meadow Ln
City Amherst State NH Zip Code 03031-2554
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-37
Amount of Each Receipt this Period 75.00
 Memo Item

B. Eric P. Christophersen
Full Name (Last, First, Middle Initial)
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 NML
Occupation VP Strat Phil & Comm Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-657
Amount of Each Receipt this Period 90.00
 Memo Item

C. Eric P. Christophersen
Full Name (Last, First, Middle Initial)
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 NML
Occupation VP Strat Phil & Comm Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-657
Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. R. Michael Condrey
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-3
Amount of Each Receipt this Period **208.00**
 Memo Item

B. R. Michael Condrey
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-3
Amount of Each Receipt this Period **208.00**
 Memo Item

C. Tait Cruse
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-28
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 21 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Tait Cruise
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-28
Amount of Each Receipt this Period **208.00**
 Memo Item

B. Brian R. Cunningham
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-20
Amount of Each Receipt this Period **125.00**
 Memo Item

C. Brian R. Cunningham
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-20
Amount of Each Receipt this Period **125.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul Dodd
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : 2016041519748-25
Amount of Each Receipt this Period
208.00
 Memo Item

B. Paul Dodd
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2016
Transaction ID : 2016042919750-25
Amount of Each Receipt this Period
208.00
 Memo Item

C. Steven Dugal
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : 2016041519748-26
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 23 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Steven Dugal
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-26

Amount of Each Receipt this Period 208.00

Memo Item

B. John E. Dunn
Full Name (Last, First, Middle Initial)

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 NML Occupation VP & Ipas Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-593

Amount of Each Receipt this Period 55.00

Memo Item

C. John E. Dunn
Full Name (Last, First, Middle Initial)

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 NML Occupation VP & Ipas Cnsl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-593

Amount of Each Receipt this Period 55.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 318.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. R. David Ells
 Full Name (Last, First, Middle Initial)
 Mailing Address 3722 W Grace Ave
 City Mequon State WI Zip Code 53092-2760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Mang Dir Priv Plcmts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-817
 Amount of Each Receipt this Period **27.00**
 Memo Item

B. Keith A. Erhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Timberwood Ct
 City West Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-14
 Amount of Each Receipt this Period **42.00**
 Memo Item

C. Keith A. Erhard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4807 Timberwood Ct
 City West Des Moines State IA Zip Code 50265-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-14
 Amount of Each Receipt this Period **42.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	111.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 103
	<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

Full Name (Last, First, Middle Initial) A. John C. Ertz		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 2016041519748-13
Mailing Address 18235 Shaker Blvd		Amount of Each Receipt this Period 150.00
City Shaker Heights	State OH	Zip Code 44120-1754
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. John C. Ertz		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : 2016042919750-13
Mailing Address 18235 Shaker Blvd		Amount of Each Receipt this Period 150.00
City Shaker Heights	State OH	Zip Code 44120-1754
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Lee M. Fortenberry		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 2016041519748-39
Mailing Address 114 Lake Ridge Dr		Amount of Each Receipt this Period 42.00
City Madison	State MS	Zip Code 39110-8291
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	342.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<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. Lee M. Fortenberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Lake Ridge Dr
 City Madison State MS Zip Code 39110-8291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-39
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Lance P. Franczyk
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-40
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Lance P. Franczyk
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-40
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	192.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-12

Amount of Each Receipt this Period
125.00

Memo Item

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

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-12

Amount of Each Receipt this Period
125.00

Memo Item

C. Chris K. Gawart
Full Name (Last, First, Middle Initial)

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 NML Occupation VP & Tax Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041319749-601

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chris K. Gawart
Full Name (Last, First, Middle Initial)

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 NML Occupation VP & Tax Cnsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-601

Amount of Each Receipt this Period 35.00

Memo Item

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

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 NML Occupation Svp Distribution Growth & Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 992.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-587

Amount of Each Receipt this Period 124.00

Memo Item

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

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 NML Occupation Svp Distribution Growth & Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 992.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-587

Amount of Each Receipt this Period 124.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.00

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

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

Full Name (Last, First, Middle Initial) A. Walter M. Givler		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 2016041319749-581
Mailing Address 2036 N Prospect Ave		Amount of Each Receipt this Period 42.00
City Milwaukee	State WI	Zip Code 53202-1260
FEC ID number of contributing federal political committee.	C	
Name of Employer NML	Occupation VP Solvency Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Walter M. Givler		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : 2016042719749-581
Mailing Address 2036 N Prospect Ave		Amount of Each Receipt this Period 42.00
City Milwaukee	State WI	Zip Code 53202-1260
FEC ID number of contributing federal political committee.	C	
Name of Employer NML	Occupation VP Solvency Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Mitchell B. Glover		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 2016041519748-11
Mailing Address 6700 Old Darby Trl NE		Amount of Each Receipt this Period 208.00
City Ada	State MI	Zip Code 49301-8360
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00	
<input type="checkbox"/> Memo Item		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mitchell B. Glover
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 Old Darby Trl NE
 City State Zip Code
 Ada MI 49301-8360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-11
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Thomas J. Goes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Legion Pl Ste 140
 City State Zip Code
 Orlando FL 32801-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-61
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Thomas J. Goes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Legion Pl Ste 140
 City State Zip Code
 Orlando FL 32801-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-61
 Amount of Each Receipt this Period
 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Kimberley Goode
 Full Name (Last, First, Middle Initial)
 Mailing Address 2485 W Fairy Chasm Rd
 # R
 City River Hills State WI Zip Code 53217-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Comm & Corp Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-536
 Amount of Each Receipt this Period
 93.00
 Memo Item

B. Kimberley Goode
 Full Name (Last, First, Middle Initial)
 Mailing Address 2485 W Fairy Chasm Rd
 # R
 City River Hills State WI Zip Code 53217-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Comm & Corp Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-536
 Amount of Each Receipt this Period
 93.00
 Memo Item

C. Patrick K. Gores
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 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
 04 / 15 / 2016
Transaction ID : 2016041519748-5
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	228.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 32 OF 103
Use separate schedule(s) for each category of the Detailed Summary Page
[] 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. Patrick K. Gores
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: [] Primary [] General [] Other (specify)
Aggregate Year-to-Date 336.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-5
Amount of Each Receipt this Period
42.00
Memo Item

B. Tom Goris Jr.
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: [] Primary [] General [] Other (specify)
Aggregate Year-to-Date 1664.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-23
Amount of Each Receipt this Period
208.00
Memo Item

C. Tom Goris Jr.
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: [] Primary [] General [] Other (specify)
Aggregate Year-to-Date 1664.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-23
Amount of Each Receipt this Period
208.00
Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 103
	<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. Todd Matthew Grabner
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-70
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Todd Matthew Grabner
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-70
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. John M. Grogan
 Full Name (Last, First, Middle Initial)
 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 NML
 Occupation Svp Ins & Invest Prod
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-945
 Amount of Each Receipt this Period
 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John M. Grogan
Full Name (Last, First, Middle Initial)

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 NML Occupation Svp Ins & Invest Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-945

Amount of Each Receipt this Period
 208.00

Memo Item

B. Stephen Gross
Full Name (Last, First, Middle Initial)

Mailing Address 1022 Savonne Ct

City Chesterfield State MO Zip Code 63005-4977

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-41

Amount of Each Receipt this Period
 125.00

Memo Item

C. Stephen Gross
Full Name (Last, First, Middle Initial)

Mailing Address 1022 Savonne Ct

City Chesterfield State MO Zip Code 63005-4977

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-41

Amount of Each Receipt this Period
 125.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 35 OF 103
(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 (Last, First, Middle Initial)
A. Thomas C. Guay

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 NML Occupation VP Risk Selection Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **648.00**

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041319749-607

Amount of Each Receipt this Period
81.00

Memo Item

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

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 NML Occupation VP Risk Selection Strat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **648.00**

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042719749-607

Amount of Each Receipt this Period
81.00

Memo Item

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

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 Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-36

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **204.00**

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

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

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

FOR LINE NUMBER: PAGE 36 OF 103
(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. Stephen T. Guinan
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-36
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Paul J. Hanson
 Full Name (Last, First, Middle Initial)
 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 NML Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-981
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Gerard M. Hempstead
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-52
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► 152.33
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gerard M. Hempstead
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **666.64**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-52
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mark J. Heurung
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-35
 Amount of Each Receipt this Period **208.00**
 Memo Item

C. Mark J. Heurung
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-35
 Amount of Each Receipt this Period **208.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	499.33
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 103
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

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

Mailing Address 2045 Elm Tree Rd

City Elm Grove	State WI	Zip Code 53122-1117
-------------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Treas & Inv Ops
-------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
752.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-834

Amount of Each Receipt this Period
 94.00

Memo Item

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

Mailing Address 2045 Elm Tree Rd

City Elm Grove	State WI	Zip Code 53122-1117
-------------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Treas & Inv Ops
-------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
752.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-834

Amount of Each Receipt this Period
 94.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Steve H. Holter

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 Self-Employed	Occupation General Insurance Agent
-----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-44

Amount of Each Receipt this Period
 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	396.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 103
	<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. Steve H. Holter
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-44
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Scott Iodice
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-17
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Scott Iodice
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-17
 Amount of Each Receipt this Period
 125.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 40 OF 103
(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 (Last, First, Middle Initial)
A. Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Rd

City State Zip Code
 Middleburg VA 20117-2940

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

Name of Employer Occupation
 NML Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041319749-864

Amount of Each Receipt this Period
 29.00

Memo Item

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

Mailing Address 23702 Champe Ford Rd

City State Zip Code
 Middleburg VA 20117-2940

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

Name of Employer Occupation
 NML Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.00

Date of Receipt
 04 / 30 / 2016
Transaction ID : 2016042719749-864

Amount of Each Receipt this Period
 29.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Meg E. Jansky

Mailing Address 4611 N Wildwood Ave

City State Zip Code
 Whitefish Bay WI 53211-1123

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

Name of Employer Occupation
 NML VP Field Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 352.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041319749-893

Amount of Each Receipt this Period
 44.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Meg E. Jansky
Full Name (Last, First, Middle Initial)

Mailing Address 4611 N Wildwood Ave

City State Zip Code
Whitefish Bay WI 53211-1123

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

Name of Employer Occupation
NML VP Field Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042719749-893

Amount of Each Receipt this Period
44.00

Memo Item

B. Ronald P. Joelson
Full Name (Last, First, Middle Initial)

Mailing Address 825 N Prospect Ave # U

City State Zip Code
Milwaukee WI 53202-3979

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

Name of Employer Occupation
NML EVP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041319749-493

Amount of Each Receipt this Period
208.00

Memo Item

C. Ronald P. Joelson
Full Name (Last, First, Middle Initial)

Mailing Address 825 N Prospect Ave # U

City State Zip Code
Milwaukee WI 53202-3979

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

Name of Employer Occupation
NML EVP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042719749-493

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	460.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Todd M. Jones
Full Name (Last, First, Middle Initial)

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 NML	Occupation Vice President-Cntrl
-------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **752.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2016

Transaction ID : 2016041319749-743

Amount of Each Receipt this Period

94.00

 Memo Item

B. Todd M. Jones
Full Name (Last, First, Middle Initial)

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 NML	Occupation Vice President-Cntrl
-------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **752.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : 2016042719749-743

Amount of Each Receipt this Period

94.00

 Memo Item

C. Shawn F. Kelley
Full Name (Last, First, Middle Initial)

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 Self-Employed	Occupation General Insurance Agent
-----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2016

Transaction ID : 2016041519748-58

Amount of Each Receipt this Period

125.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	313.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Shawn F. Kelley
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-58
 Amount of Each Receipt this Period **125.00**
 Memo Item

B. Troy B. Kemelgor
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-54
 Amount of Each Receipt this Period **42.00**
 Memo Item

C. Troy B. Kemelgor
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-54
 Amount of Each Receipt this Period **42.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David Daniel Kiecker
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-65

Amount of Each Receipt this Period
208.00

Memo Item

B. David Daniel Kiecker
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-65

Amount of Each Receipt this Period
208.00

Memo Item

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

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-9

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
The Northwestern Mutual Life Insurance Company Federal PAC

A. William S. Koch
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)

Date of Receipt
 04 / 30 / 2016
Transaction ID : 2016042919750-9
 Amount of Each Receipt this Period
 125.00
 Memo Item

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

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041519748-4
 Amount of Each Receipt this Period
 42.00
 Memo Item

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

Date of Receipt
 04 / 30 / 2016
Transaction ID : 2016042919750-4
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3357 N Lake Dr

City Milwaukee State WI Zip Code 53211-2908

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **352.00**

Date of Receipt **04 / 15 / 2016**

Transaction ID : 2016041319749-904

Amount of Each Receipt this Period **44.00**

Memo Item

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

Mailing Address 3357 N Lake Dr

City Milwaukee State WI Zip Code 53211-2908

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **352.00**

Date of Receipt **04 / 30 / 2016**

Transaction ID : 2016042719749-904

Amount of Each Receipt this Period **44.00**

Memo Item

C. M. Kevin Lawhon
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt **04 / 15 / 2016**

Transaction ID : 2016041519748-47

Amount of Each Receipt this Period **83.33**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **171.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. M. Kevin Lawhon
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-47

Amount of Each Receipt this Period
83.33

Memo Item

B. Robert D. Lowrey
Full Name (Last, First, Middle Initial)

Mailing Address 1108 W Goldthread Cir

City Sioux Falls State SD Zip Code 57108-2824

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-8

Amount of Each Receipt this Period
42.00

Memo Item

C. Robert D. Lowrey
Full Name (Last, First, Middle Initial)

Mailing Address 1108 W Goldthread Cir

City Sioux Falls State SD Zip Code 57108-2824

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-8

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Matthew James Lueder
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-64
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Matthew James Lueder
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-64
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Jeffrey J. Lueken
 Full Name (Last, First, Middle Initial)
 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 NML
 Occupation Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-831
 Amount of Each Receipt this Period
 168.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. Jeffrey J. Lueken
 Full Name (Last, First, Middle Initial)
 Mailing Address 1213 E Goodrich Ln
 City Fox Point State WI Zip Code 53217-2946
 Name of Employer NML Occupation Svp Securities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-831
 Amount of Each Receipt this Period 168.00
 Memo Item

B. Stephanie A. Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 Name of Employer NML Occupation VP - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-685
 Amount of Each Receipt this Period 52.00
 Memo Item

C. Stephanie A. Lyons
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 E Sylvan Ave
 City Whitefish Bay State WI Zip Code 53217-5353
 Name of Employer NML Occupation VP - Era
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-685
 Amount of Each Receipt this Period 52.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	272.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Cory A. Mahaffey
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

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
04 / 15 / 2016

Transaction ID : 2016041519748-57

Amount of Each Receipt this Period
42.00

Memo Item

B. Cory A. Mahaffey
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

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
04 / 30 / 2016

Transaction ID : 2016042919750-57

Amount of Each Receipt this Period
42.00

Memo Item

C. Raymond J. Manista
Full Name (Last, First, Middle Initial)

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 NML
Occupation Svp Gen Cnsl & Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1664.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : 2016041319749-532

Amount of Each Receipt this Period
208.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Raymond J. Manista
Full Name (Last, First, Middle Initial)
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 NML Occupation Svp Gen Cnsl & Sec
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-532
Amount of Each Receipt this Period **208.00**
 Memo Item

B. Steven C. Mannebach
Full Name (Last, First, Middle Initial)
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 NML Occupation Managing Partner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **616.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041319749-638
Amount of Each Receipt this Period **77.00**
 Memo Item

C. Steven C. Mannebach
Full Name (Last, First, Middle Initial)
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 NML Occupation Managing Partner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **616.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-638
Amount of Each Receipt this Period **77.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **362.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (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 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. David C. Mc Avoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Mountview Rd
 City Wellesley State MA Zip Code 02481-2757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-2
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. David C. Mc Avoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Mountview Rd
 City Wellesley State MA Zip Code 02481-2757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-2
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Brian W. McClure
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-62
 Amount of Each Receipt this Period
 42.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 53 OF 103
(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. Brian W. McClure
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-62
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Mark J. McLennon
 Full Name (Last, First, Middle Initial)
 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 NML
 Occupation VP Ips Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-565
 Amount of Each Receipt this Period
 39.00
 Memo Item

C. Mark J. McLennon
 Full Name (Last, First, Middle Initial)
 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 NML
 Occupation VP Ips Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-565
 Amount of Each Receipt this Period
 39.00
 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 54 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Jim Edwards Meeks Jr.
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2016
Transaction ID : 2016041519748-16
Amount of Each Receipt this Period
125.00
 Memo Item

B. Jim Edwards Meeks Jr.
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2016
Transaction ID : 2016042919750-16
Amount of Each Receipt this Period
125.00
 Memo Item

C. Arthur J. Mees, Jr.
Full Name (Last, First, Middle Initial)
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 NML
Occupation Regional VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 256.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2016
Transaction ID : 2016041319749-1005
Amount of Each Receipt this Period
32.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Arthur J. Mees, Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5347 N Hollywood Ave

City State Zip Code
Whitefish Bay WI 53217-5324

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

Name of Employer Occupation
NML Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2016
Transaction ID : 2016042719749-1005

Amount of Each Receipt this Period
32.00

Memo Item

B. Ben Miller
Full Name (Last, First, Middle Initial)

Mailing Address 11315 E Winchcomb Dr

City State Zip Code
Scottsdale AZ 85255-1638

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2016
Transaction ID : 2016041519748-51

Amount of Each Receipt this Period
125.00

Memo Item

C. Ben Miller
Full Name (Last, First, Middle Initial)

Mailing Address 11315 E Winchcomb Dr

City State Zip Code
Scottsdale AZ 85255-1638

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

Name of Employer Occupation
Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2016
Transaction ID : 2016042919750-51

Amount of Each Receipt this Period
125.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin E. Miller
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Kevin E. Miller
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-34
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Christian Mitchell
 Full Name (Last, First, Middle Initial)
 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 NML
 Occupation Pres & CEO Wealth Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-590
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	466.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 103
(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. Christian Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 E Carlisle Ave
 City State Zip Code
 Whitefish Bay WI 53217-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML Pres & CEO Wealth Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-590
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Karen A. Molloy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 N 85th St
 City State Zip Code
 Wauwatosa WI 53226-2846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-816
 Amount of Each Receipt this Period
 36.00
 Memo Item

C. Karen A. Molloy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 N 85th St
 City State Zip Code
 Wauwatosa WI 53226-2846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML VP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-816
 Amount of Each Receipt this Period
 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 103
(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. Timothy Michael Mulroy
Full Name (Last, First, Middle Initial)
Mailing Address 29 Lexington Way
City Trabuco Canyon State CA Zip Code 92679-4734
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : 2016041519748-69
Amount of Each Receipt this Period 42.00
 Memo Item

B. Timothy Michael Mulroy
Full Name (Last, First, Middle Initial)
Mailing Address 29 Lexington Way
City Trabuco Canyon State CA Zip Code 92679-4734
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016
Transaction ID : 2016042919750-69
Amount of Each Receipt this Period 42.00
 Memo Item

C. Jeremy D. Newman
Full Name (Last, First, Middle Initial)
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 NML Occupation Dir Distribution Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 256.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : 2016041319749-1013
Amount of Each Receipt this Period 32.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 116.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeremy D. Newman
Full Name (Last, First, Middle Initial)

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 NML Occupation Dir Distribution Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-1013

Amount of Each Receipt this Period 32.00

Memo Item

B. Kevin O Connell
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-68

Amount of Each Receipt this Period 125.00

Memo Item

C. Kevin O Connell
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-68

Amount of Each Receipt this Period 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 282.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 103
(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. Gregory C. Oberland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 N Lake Dr
 City State Zip Code
 Whitefish Bay WI 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-553
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Gregory C. Oberland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 N Lake Dr
 City State Zip Code
 Whitefish Bay WI 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NML President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-553
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Brian G. Petrando
 Full Name (Last, First, Middle Initial)
 Mailing Address 9533 Marbella Dr
 City State Zip Code
 Fort Worth TX 76126-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-21
 Amount of Each Receipt this Period
 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brian G. Petrandio
Full Name (Last, First, Middle Initial)

Mailing Address 9533 Marbella Dr

City Fort Worth State TX Zip Code 76126-1935

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-21

Amount of Each Receipt this Period
42.00

Memo Item

B. Matthew J. Plocher
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-43

Amount of Each Receipt this Period
125.00

Memo Item

C. Matthew J. Plocher
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-43

Amount of Each Receipt this Period
125.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 62 OF 103
(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 (Last, First, Middle Initial)
A. Michael E. Pritzl
 Mailing Address 572 Cottonwood Ln
 City Grafton State WI Zip Code 53024-9591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Managing Director Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-890
 Amount of Each Receipt this Period
 31.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Michael E. Pritzl
 Mailing Address 572 Cottonwood Ln
 City Grafton State WI Zip Code 53024-9591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Managing Director Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-890
 Amount of Each Receipt this Period
 31.00
 Memo Item

Full Name (Last, First, Middle Initial)
c. Charles R. Pruett
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-45
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles R. Pruett
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1664.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-45
 Amount of Each Receipt this Period **208.00**
 Memo Item

B. Steven M. Radke
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Govt Relations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **424.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041319749-756
 Amount of Each Receipt this Period **53.00**
 Memo Item

C. Steven M. Radke
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Govt Relations
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **424.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-756
 Amount of Each Receipt this Period **53.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	314.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeff D. Reeter
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-59
Amount of Each Receipt this Period
125.00
 Memo Item

B. Jeff D. Reeter
Full Name (Last, First, Middle Initial)
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 Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-59
Amount of Each Receipt this Period
125.00
 Memo Item

C. David R. Remstad
Full Name (Last, First, Middle Initial)
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 NML Occupation Svp & Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041319749-697
Amount of Each Receipt this Period
105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 355.00
TOTAL This Period (last page this line 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 103
(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. David R. Remstad
Full Name (Last, First, Middle Initial)
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 NML Occupation Svp & Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-697
Amount of Each Receipt this Period 105.00
 Memo Item

B. Adam T. Rhoades
Full Name (Last, First, Middle Initial)
Mailing Address 2038 Rosemont Pl
City Vestavia State AL Zip Code 35243-1767
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-48
Amount of Each Receipt this Period 208.00
 Memo Item

C. Adam T. Rhoades
Full Name (Last, First, Middle Initial)
Mailing Address 2038 Rosemont Pl
City Vestavia State AL Zip Code 35243-1767
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-48
Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 521.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wesley H. Richardson
Full Name (Last, First, Middle Initial)

Mailing Address 73 Oakwood Rd

City Huntington State WV Zip Code 25701-4148

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : 2016041519748-71

Amount of Each Receipt this Period
125.00

Memo Item

B. Wesley H. Richardson
Full Name (Last, First, Middle Initial)

Mailing Address 73 Oakwood Rd

City Huntington State WV Zip Code 25701-4148

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

Name of Employer Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : 2016042919750-71

Amount of Each Receipt this Period
125.00

Memo Item

C. J. Daniel Rivers
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : 2016041519748-19

Amount of Each Receipt this Period
208.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. J. Daniel Rivers
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-19
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. Bethany M. Rodenhuis
 Full Name (Last, First, Middle Initial)
 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 NML
 Occupation Svp Distr Strat & Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1064.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-592
 Amount of Each Receipt this Period
 133.00
 Memo Item

C. Bethany M. Rodenhuis
 Full Name (Last, First, Middle Initial)
 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 NML
 Occupation Svp Distr Strat & Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1064.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042719749-592
 Amount of Each Receipt this Period
 133.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	474.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Tammy M. Rouo
Full Name (Last, First, Middle Initial)
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 NML Occupation VP & Chief Risk Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-748
Amount of Each Receipt this Period 60.00
 Memo Item

B. Tammy M. Rouo
Full Name (Last, First, Middle Initial)
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 NML Occupation VP & Chief Risk Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-748
Amount of Each Receipt this Period 60.00
 Memo Item

C. Matt Russo
Full Name (Last, First, Middle Initial)
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 Self-Employed Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-50
Amount of Each Receipt this Period 125.00
 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 69 OF 103
	<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. Matt Russo
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-50
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. R. Philip Sarnecki
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-30
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. R. Philip Sarnecki
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-30
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	291.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Joseph M. Savino
Full Name (Last, First, Middle Initial)

Mailing Address 8 Benedek Rd

City Princeton State NJ Zip Code 08540-2227

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-1

Amount of Each Receipt this Period 208.00

Memo Item

B. Joseph M. Savino
Full Name (Last, First, Middle Initial)

Mailing Address 8 Benedek Rd

City Princeton State NJ Zip Code 08540-2227

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-1

Amount of Each Receipt this Period 208.00

Memo Item

c. Timothy G. Schaefer
Full Name (Last, First, Middle Initial)

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 NML Occupation EVP Ent Ops & Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-788

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 71 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Timothy G. Schaefer
Full Name (Last, First, Middle Initial)

Mailing Address 1013 E Lexington Blvd

City State Zip Code
Whitefish Bay WI 53217-5381

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

Name of Employer Occupation
NML EVP Ent Ops & Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2016
Transaction ID : 2016042719749-788

Amount of Each Receipt this Period
208.00

Memo Item

B. John E. Schlifske
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Greenway Ter

City State Zip Code
Elm Grove WI 53122-1611

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

Name of Employer Occupation
NML Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2016
Transaction ID : 2016041319749-714

Amount of Each Receipt this Period
208.00

Memo Item

C. John E. Schlifske
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Greenway Ter

City State Zip Code
Elm Grove WI 53122-1611

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

Name of Employer Occupation
NML Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2016
Transaction ID : 2016042719749-714

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 72 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kathleen H. Schluter
Full Name (Last, First, Middle Initial)

Mailing Address 5057 N Palisades Rd

City Whitefish Bay	State WI	Zip Code 53217-5756
-----------------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Tax Policy
-------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2016

Transaction ID : 2016041319749-715

Amount of Each Receipt this Period

40.00

 Memo Item

B. Kathleen H. Schluter
Full Name (Last, First, Middle Initial)

Mailing Address 5057 N Palisades Rd

City Whitefish Bay	State WI	Zip Code 53217-5756
-----------------------	-------------	------------------------

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

Name of Employer NML	Occupation VP Tax Policy
-------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : 2016042719749-715

Amount of Each Receipt this Period

40.00

 Memo Item

C. Calvin R. Schmidt
Full Name (Last, First, Middle Initial)

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 NML	Occupation Svp Int Cust Ops
-------------------------	--------------------------------

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
04	/	15	/	2016

Transaction ID : 2016041319749-732

Amount of Each Receipt this Period

90.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	170.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Calvin R. Schmidt
 Full Name (Last, First, Middle Initial)
 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 NML Occupation Svp Int Cust Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **720.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-732
 Amount of Each Receipt this Period **90.00**
 Memo Item

B. Rodd Schneider
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Litig & Dist Counsel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **352.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041319749-497
 Amount of Each Receipt this Period **44.00**
 Memo Item

C. Rodd Schneider
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Litig & Dist Counsel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **352.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-497
 Amount of Each Receipt this Period **44.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sarah R. Schneider
Full Name (Last, First, Middle Initial)

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 NML Occupation VP-New Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : 2016041319749-708

Amount of Each Receipt this Period
36.00

Memo Item

B. Sarah R. Schneider
Full Name (Last, First, Middle Initial)

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 NML Occupation VP-New Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : 2016042719749-708

Amount of Each Receipt this Period
36.00

Memo Item

C. Sarah E. Schott
Full Name (Last, First, Middle Initial)

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 NML Occupation VP Compliance/Bp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : 2016041319749-680

Amount of Each Receipt this Period
55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	127.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Sarah E. Schott
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Compliance/Bp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-680
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Adam David Seiden
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041519748-63
 Amount of Each Receipt this Period 208.00
 Memo Item

C. Adam David Seiden
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042919750-63
 Amount of Each Receipt this Period 208.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brad P. Seitzinger
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-33

Amount of Each Receipt this Period
208.00

Memo Item

B. Brad P. Seitzinger
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-33

Amount of Each Receipt this Period
208.00

Memo Item

C. David W. Simbro
Full Name (Last, First, Middle Initial)

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 NML Occupation Svp Life & Ann Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041319749-989

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 103
	<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

Full Name (Last, First, Middle Initial) A. David W. Simbro		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : 2016042719749-989
Mailing Address 311 E Erie St Unit 4		Amount of Each Receipt this Period 85.00
City Milwaukee	State WI	Zip Code 53202-6040
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer NML	Occupation Svp Life & Ann Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) B. Steve P. Sperka		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 2016041319749-735
Mailing Address S67W17735 Copper Oaks Ct		Amount of Each Receipt this Period 97.00
City Muskego	State WI	Zip Code 53150-7503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer NML	Occupation VP Field Rewards	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 776.00	

Full Name (Last, First, Middle Initial) c. Steve P. Sperka		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : 2016042719749-735
Mailing Address S67W17735 Copper Oaks Ct		Amount of Each Receipt this Period 97.00
City Muskego	State WI	Zip Code 53150-7503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer NML	Occupation VP Field Rewards	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 776.00	

SUBTOTAL of Receipts This Page (optional).....▶	279.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 OF 103
(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 (Last, First, Middle Initial)
A. David G. Stoeffel

Mailing Address 6311 N Lake Dr

City State Zip Code
Whitefish Bay WI 53217-4343

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

Name of Employer Occupation
NML VP Investment Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
616.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : 2016041319749-811

Amount of Each Receipt this Period
77.00

Memo Item

Full Name (Last, First, Middle Initial)
B. David G. Stoeffel

Mailing Address 6311 N Lake Dr

City State Zip Code
Whitefish Bay WI 53217-4343

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

Name of Employer Occupation
NML VP Investment Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
616.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016
Transaction ID : 2016042719749-811

Amount of Each Receipt this Period
77.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Stephen R. Stone

Mailing Address 2511 N 95th St

City State Zip Code
Wauwatosa WI 53226-1749

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

Name of Employer Occupation
NML Erm Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016
Transaction ID : 2016042719749-633

Amount of Each Receipt this Period
28.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 OF 103
(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 (Last, First, Middle Initial)
A. Peter F. Striano III

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 Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-46

Amount of Each Receipt this Period
125.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Peter F. Striano III

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 Self-Employed Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-46

Amount of Each Receipt this Period
125.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Steven J. Stribling

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 NML Occupation VP Disability Income

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041319749-1002

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven J. Stribling
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Disability Income
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-1002
 Amount of Each Receipt this Period **30.00**
 Memo Item

B. Brenda J. Stugelmeyer
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP & Real Estate Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041319749-815
 Amount of Each Receipt this Period **39.00**
 Memo Item

C. Brenda J. Stugelmeyer
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP & Real Estate Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-815
 Amount of Each Receipt this Period **39.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Christopher P. Swain
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Msa Investments
 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
 04 / 15 / 2016
Transaction ID : 2016041319749-765
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. Christopher P. Swain
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Msa Investments
 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
 04 / 30 / 2016
Transaction ID : 2016042719749-765
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. Michael F. Tews
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-15
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael F. Tews
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-15

Amount of Each Receipt this Period
125.00

Memo Item

B. Scott P. Theodore
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
04 / 15 / 2016
Transaction ID : 2016041519748-27

Amount of Each Receipt this Period
208.00

Memo Item

C. Scott P. Theodore
Full Name (Last, First, Middle Initial)

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 Self-Employed
Occupation General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
04 / 30 / 2016
Transaction ID : 2016042919750-27

Amount of Each Receipt this Period
208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.00

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

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

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

FOR LINE NUMBER: PAGE 83 OF 103
(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 (Last, First, Middle Initial)
A. Michael S. Treptow

Mailing Address 8207 N Gray Log Ln

City State Zip Code
 Fox Point WI 53217-2863

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

Name of Employer Occupation
 NML Dir Inv Plg & Ast Mgr Per

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041319749-827

Amount of Each Receipt this Period
 35.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Michael S. Treptow

Mailing Address 8207 N Gray Log Ln

City State Zip Code
 Fox Point WI 53217-2863

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

Name of Employer Occupation
 NML Dir Inv Plg & Ast Mgr Per

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 04 / 30 / 2016
Transaction ID : 2016042719749-827

Amount of Each Receipt this Period
 35.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Alex J. Tronco

Mailing Address 11 Stoneridge Dr

City State Zip Code
 Loudonville NY 12211-2625

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

Name of Employer Occupation
 Self-Employed General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041519748-56

Amount of Each Receipt this Period
 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 103
	<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. Alex J. Tronco
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-56
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Leo C. Tucker
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-42
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Leo C. Tucker
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-42
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Van Der Hyde
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041519748-18
 Amount of Each Receipt this Period
 208.00
 Memo Item

B. John Van Der Hyde
 Full Name (Last, First, Middle Initial)
 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 Self-Employed
 Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016
Transaction ID : 2016042919750-18
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Alison F. Watson
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Independence Ave SE
 City Washington State DC Zip Code 20003-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Dir Fed Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016
Transaction ID : 2016041319749-968
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	466.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 103
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Alison F. Watson

Mailing Address 420 Independence Ave SE

City Washington State DC Zip Code 20003-1046

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

Name of Employer NML Occupation Dir Fed Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : 2016042719749-968

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jeffrey B. Williams

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 NML Occupation VP Nmis-Nmwmc Chief Compl Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : 2016041319749-542

Amount of Each Receipt this Period
38.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jeffrey B. Williams

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 NML Occupation VP Nmis-Nmwmc Chief Compl Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : 2016042719749-542

Amount of Each Receipt this Period
38.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kamilah D. Williams-Kemp
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Ltc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041319749-746
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Kamilah D. Williams-Kemp
 Full Name (Last, First, Middle Initial)
 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 NML Occupation VP Ltc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 04 / 30 / 2016
Transaction ID : 2016042719749-746
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Richard Worrell
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041519748-55
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 103
	<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

Full Name (Last, First, Middle Initial) A. Richard Worrell		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : 2016042919750-55
Mailing Address 2423 Beretania Cir		Amount of Each Receipt this Period 208.00
City Charlotte	State NC	Zip Code 28211-3631
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00	

Full Name (Last, First, Middle Initial) B. John William Wright II		Date of Receipt MM / DD / YYYY 04 / 15 / 2016 Transaction ID : 2016041519748-32
Mailing Address 510 King Rd NW		Amount of Each Receipt this Period 41.67
City Atlanta	State GA	Zip Code 30342-4011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. John William Wright II		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : 2016042919750-32
Mailing Address 510 King Rd NW		Amount of Each Receipt this Period 41.67
City Atlanta	State GA	Zip Code 30342-4011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	291.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Conrad C. York
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 511100
 City Milwaukee State WI Zip Code 53203-0191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **808.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041319749-717
 Amount of Each Receipt this Period **101.00**
 Memo Item

B. Conrad C. York
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 511100
 City Milwaukee State WI Zip Code 53203-0191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation VP Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **808.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-717
 Amount of Each Receipt this Period **101.00**
 Memo Item

C. Catherine M. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041319749-1016
 Amount of Each Receipt this Period **40.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Catherine M. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 N Astor Street Unit
 City Milwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML Occupation Ast Gn Cn & Ast Sec/Re
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042719749-1016
 Amount of Each Receipt this Period **40.00**
 Memo Item

B. T. Scott Zach
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 15 / 2016**
Transaction ID : 2016041519748-49
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. T. Scott Zach
 Full Name (Last, First, Middle Initial)
 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 Self-Employed Occupation General Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : 2016042919750-49
 Amount of Each Receipt this Period **125.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 91 OF 103
(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. Thomas D. Zale
Full Name (Last, First, Middle Initial)
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 NML Occupation VP Real Estate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1040.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-737
Amount of Each Receipt this Period 130.00
 Memo Item

B. Thomas D. Zale
Full Name (Last, First, Middle Initial)
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 NML Occupation VP Real Estate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1040.00

Date of Receipt 04 / 30 / 2016
Transaction ID : 2016042719749-737
Amount of Each Receipt this Period 130.00
 Memo Item

C. Rick T. Zehner
Full Name (Last, First, Middle Initial)
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 NML Occupation VP Research & Special Projects
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 328.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 2016041319749-905
Amount of Each Receipt this Period 41.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 301.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 92 OF 103
(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 (Last, First, Middle Initial)
A. Rick T. Zehner

Mailing Address 203 W Ravine Baye Rd

City State Zip Code
 Bayside WI 53217-1334

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

Name of Employer Occupation
 NML VP Research & Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 328.00

Date of Receipt
 04 / 30 / 2016
Transaction ID : 2016042719749-905

Amount of Each Receipt this Period
 41.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Todd O. Zinkgraf

Mailing Address 118 Ferris Dr

City State Zip Code
 North Prairie WI 53153-9455

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

Name of Employer Occupation
 NML VP Ent Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 648.00

Date of Receipt
 04 / 15 / 2016
Transaction ID : 2016041319749-935

Amount of Each Receipt this Period
 81.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Todd O. Zinkgraf

Mailing Address 118 Ferris Dr

City State Zip Code
 North Prairie WI 53153-9455

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

Name of Employer Occupation
 NML VP Ent Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 648.00

Date of Receipt
 04 / 30 / 2016
Transaction ID : 2016042719749-935

Amount of Each Receipt this Period
 81.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 203.00

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

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

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

FOR LINE NUMBER: PAGE 93 OF 103
(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. Jeffrey Zuzolo
Full Name (Last, First, Middle Initial)
Mailing Address 104 Wildwood Dr
City Avon State CT Zip Code 06001-4413
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016
Transaction ID : 2016041519748-10
Amount of Each Receipt this Period
208.00
 Memo Item

B. Jeffrey Zuzolo
Full Name (Last, First, Middle Initial)
Mailing Address 104 Wildwood Dr
City Avon State CT Zip Code 06001-4413
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation General Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016
Transaction ID : 2016042919750-10
Amount of Each Receipt this Period
208.00
 Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	416.00
TOTAL This Period (last page this line number only).....▶	28352.32

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. US Bank

Mailing Address 777 E.Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement Service Charge

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6B819118DF2C5C6FFE1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Beatty for Congress

Mailing Address 222 East Town Street
Suite 2W

City Columbus State OH Zip Code 43215

Purpose of Disbursement
2016 General

011

Candidate Name

Joyce Beatty

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2016

Transaction ID : 830A8CEE1BDD6F30993

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
2016 Primary

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2016

Transaction ID : 3E122FCEF5D11854606

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Boustany for Senate Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
Voided 3/7/16 Disbursement

011

Candidate Name

Charles William Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : F15E61090BBE1BB89C8

Amount of Each Disbursement this Period

-1000.00

Memo Item

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Boustany for Senate Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2016 General

011

Candidate Name

Charles William Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	6

Transaction ID : A83A99E9DF57D8DEC8C

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 SW 72nd St

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement
2016 General

011

Candidate Name

Carlos Luis Curbelo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

Transaction ID : EDBEF4DD2AE48A40C57

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
2016 General

011

Candidate Name

Emanuel Cleaver II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

Transaction ID : 434B1B1ADA3EAD4DFA2

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

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

5	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Cole for Congress

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
2016 General

011

Candidate Name

Thomas Jeffery Cole

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	6

Transaction ID : 3F5B01D52210342AB72

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Primary

011

Candidate Name

Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

Transaction ID : 2BD5F3C04519FC62456

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
2016 General

011

Candidate Name

David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

Transaction ID : 4F43E83A7248DA0C1AB

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Dold for Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
2016 General

011

Candidate Name

Robert James Dold Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	6

Transaction ID : AF6C50D4BFFFEFF8A8F

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 General

011

Candidate Name

Patrick Joseph Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	6

Transaction ID : 38719981FCB8FC8A9E8

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 General

011

Candidate Name

Sherrod Campbell Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	6

Transaction ID : E65E20B54CC09D141DC

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Giving Willingly Empowering Nationally (GWEN) PAC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Giving Willingly Empowering Nationally (GWEN) PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

Transaction ID : D1660C4BA1A60B2D6FE

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement
2016 General

011

Candidate Name

Charles E. Grassley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

Transaction ID : 0B8DAEEDD15078510C21

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
2016 General

011

Candidate Name

Richard Lane Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	6

Transaction ID : 2F43AB846C3FDD6CABD

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

7	0	0	0	0	0
---	---	---	---	---	---

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

7	0	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kevin Owen McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2016

Transaction ID : DFE2CF6A628D11BC877

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement
6/7/16 Primary

011

Candidate Name

Patrick Timothy McHenry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2016

Transaction ID : E68C66C8AA08BBA728F

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
2016 Primary

011

Candidate Name

G. Mike J. Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2016

Transaction ID : 8EE5F65A09AA2E9A8D9

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael C. Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	6

Transaction ID : 2FD88BF92B287579ABD

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Moore for Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
2016 General

011

Candidate Name

Gwendolynne Sophia Moore

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	6

Transaction ID : 07C6E63023E83F4DF0E

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
2016 General

011

Candidate Name

Paul Davis Ryan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	6

Transaction ID : 8602994DD06012B6EFC

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

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

8	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 102 OF 103	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Terri Sewell for Congress		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address PO Box 1964		Transaction ID : BDD144FD0C48FC46EB0 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City Birmingham	State AL	
Zip Code 35201	Category/Type 011	
Purpose of Disbursement 2016 General		
Candidate Name Terri Andrea Sewell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: AL District: 07	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tom Reed for Congress		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address PO Box 10847		Transaction ID : E51D802CFA06F9F38A7 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14610-0847	Category/Type 011	
Purpose of Disbursement 2016 General		
Candidate Name Thomas W. Reed II.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NY District: 23	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tom Rice for Congress		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address PO Box 70098		Transaction ID : 62147BBFF315432D181 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Memo Item
City Myrtle Beach	State SC	
Zip Code 29572	Category/Type 011	
Purpose of Disbursement 2016 General		
Candidate Name Tom Rice	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: SC District: 07	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Vargas for Congress

Mailing Address 330 Encinitas Blvd

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement
2016 Primary

011

Candidate Name

Juan Carlos Vargas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	6		2	0	1	6		

Transaction ID : 97E454EEDC4ADE449CF

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2016 General

011

Candidate Name

Vernon Gale Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	6		2	0	1	6		

Transaction ID : C038BE50F8E8AF86E85

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

				.		
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Memo Item

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

2	5	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	8	0	0	.	0	0
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