

**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="196955.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35254.04"/>	<input type="text" value="35254.04"/>
(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="232209.82"/>	<input type="text" value="232209.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75486.57"/>	<input type="text" value="75486.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="156723.25"/>	<input type="text" value="156723.25"/>
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).....	17348.00	17348.00
(ii) Unitemized	17906.04	17906.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35254.04	35254.04
(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)	35254.04	35254.04
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))..... ▶	35254.04	35254.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35254.04	35254.04

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	236.57	236.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	236.57	236.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61250.00	61250.00
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	14000.00	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)) ..	75486.57	75486.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75486.57	75486.57

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)	35254.04	35254.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35254.04	35254.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	236.57	236.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	236.57	236.57

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

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

FOR LINE NUMBER: PAGE 6 OF 46
(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

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

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 ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-67

Amount of Each Receipt this Period
 125.00

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

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 ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-53

Amount of Each Receipt this Period
 125.00

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

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 ▼
 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011319755-507

Amount of Each Receipt this Period
 208.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6620 N Lake Dr

City State Zip Code
Fox Point WI 53217-4245

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

Name of Employer Occupation
NML Svp - Public Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012719750-507

Amount of Each Receipt this Period
208.00

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

Mailing Address 3387 Hampton Ct

City State Zip Code
Thousand Oaks CA 91362-1130

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-29

Amount of Each Receipt this Period
125.00

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

Mailing Address 5460 Chelsea Ave

City State Zip Code
La Jolla CA 92037-7607

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-6

Amount of Each Receipt this Period
125.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-66

Amount of Each Receipt this Period
125.00

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

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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011519749-7

Amount of Each Receipt this Period
208.00

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

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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-7

Amount of Each Receipt this Period
208.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. 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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011519749-22
Amount of Each Receipt this Period
208.00

B. 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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-22
Amount of Each Receipt this Period
208.00

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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011319755-910
Amount of Each Receipt this Period
208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="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 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 ▼ **416.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : 2016012719750-910

Amount of Each Receipt this Period
208.00

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 ▼ **416.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : 2016011519749-3

Amount of Each Receipt this Period
208.00

C. 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 ▼ **416.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : 2016012919751-3

Amount of Each Receipt this Period
208.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<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. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-28
 Amount of Each Receipt this Period
 208.00

B. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-28
 Amount of Each Receipt this Period
 208.00

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-20
 Amount of Each Receipt this Period
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011519749-25
Amount of Each Receipt this Period
208.00

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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-25
Amount of Each Receipt this Period
208.00

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 ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011519749-26
Amount of Each Receipt this Period
208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<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. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-26
 Amount of Each Receipt this Period
 208.00

B. John C. Ertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 18235 Shaker Blvd
 City Shaker Heights State OH Zip Code 44120-1754
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-13
 Amount of Each Receipt this Period
 150.00

C. 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-12
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	483.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="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 J. Gerend
Full Name (Last, First, Middle Initial)

Mailing Address 5421 N Idlewild Ave

City State Zip Code
Whitefish Bay WI 53217-5331

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

Name of Employer Occupation
NML Svp Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012719750-592

Amount of Each Receipt this Period
124.00

B. 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 ▼
416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011519749-11

Amount of Each Receipt this Period
208.00

C. 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 ▼
416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-11

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

TOTAL This Period (last page this line 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 46
(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. Tom Goris Jr.

Mailing Address 4735 Wellington Dr

City State Zip Code
 Long Grove IL 60047-5223

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 ▼
 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-23

Amount of Each Receipt this Period
 208.00

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

Mailing Address 4735 Wellington Dr

City State Zip Code
 Long Grove IL 60047-5223

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 ▼
 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-23

Amount of Each Receipt this Period
 208.00

Full Name (Last, First, Middle Initial)
C. Todd Matthew Grabner

Mailing Address 3086 E Silver Hawk Dr

City State Zip Code
 Holladay UT 84121-1572

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 ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-70

Amount of Each Receipt this Period
 125.00

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

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. John M. Grogan		Date of Receipt 01 / 15 / 2016 Transaction ID : 2016011319755-952
Mailing Address 7860 N Club Cir		Amount of Each Receipt this Period 208.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) B. John M. Grogan		Date of Receipt 01 / 31 / 2016 Transaction ID : 2016012719750-952
Mailing Address 7860 N Club Cir		Amount of Each Receipt this Period 208.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) C. Stephen Gross		Date of Receipt 01 / 31 / 2016 Transaction ID : 2016012919751-41
Mailing Address 1022 Savonne Ct		Amount of Each Receipt this Period 125.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Mark J. Heurung

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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
416.00

Date of Receipt
01 / 15 / 2016
Transaction ID : 2016011519749-35

Amount of Each Receipt this Period
208.00

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

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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
416.00

Date of Receipt
01 / 31 / 2016
Transaction ID : 2016012919751-35

Amount of Each Receipt this Period
208.00

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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
416.00

Date of Receipt
01 / 15 / 2016
Transaction ID : 2016011519749-44

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. 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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
416.00

Date of Receipt
01 / 31 / 2016
Transaction ID : 2016012919751-44

Amount of Each Receipt this Period
208.00

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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 31 / 2016
Transaction ID : 2016012919751-17

Amount of Each Receipt this Period
125.00

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

Mailing Address 825 N Prospect Ave # U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML
Occupation EVP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
01 / 15 / 2016
Transaction ID : 2016011319755-497

Amount of Each Receipt this Period
208.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Ronald P. Joelson		Date of Receipt MM / DD / YYYY 01 / 31 / 2016 Transaction ID : 2016012719750-497
Mailing Address 825 N Prospect Ave # U		Amount of Each Receipt this Period 208.00
City Milwaukee	State WI	Zip Code 53202-3979
FEC ID number of contributing federal political committee. C		
Name of Employer NML	Occupation EVP & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) B. Shawn F. Kelley		Date of Receipt MM / DD / YYYY 01 / 31 / 2016 Transaction ID : 2016012919751-58
Mailing Address 7812 Remington Rd		Amount of Each Receipt this Period 125.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Daniel Kiecker		Date of Receipt MM / DD / YYYY 01 / 15 / 2016 Transaction ID : 2016011519749-65
Mailing Address 11696 Approach Blvd		Amount of Each Receipt this Period 208.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="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 ▼ **416.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : 2016012919751-65

Amount of Each Receipt this Period
208.00

B. 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 ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : 2016012919751-9

Amount of Each Receipt this Period
125.00

C. 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 ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : 2016012919751-64

Amount of Each Receipt this Period
125.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="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 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 ▼ 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-837
 Amount of Each Receipt this Period
 168.00

B. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011319755-537
 Amount of Each Receipt this Period
 208.00

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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-537
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 584.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 46
	<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. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-2
 Amount of Each Receipt this Period
 208.00

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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-2
 Amount of Each Receipt this Period
 208.00

C. Jim E. Meeks Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2460 Lennox Dr
 City Germantown State TN Zip Code 38138-4925
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-16
 Amount of Each Receipt this Period
 125.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 46
(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. 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 ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-51
Amount of Each Receipt this Period
125.00

B. Kevin E. Miller
Full Name (Last, First, Middle Initial)
Mailing Address 214 Schenley Rd
City State Zip Code
Pittsburgh PA 15217-1171
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 ▼
416.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011519749-34
Amount of Each Receipt this Period
208.00

C. Kevin E. Miller
Full Name (Last, First, Middle Initial)
Mailing Address 214 Schenley Rd
City State Zip Code
Pittsburgh PA 15217-1171
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 ▼
416.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012919751-34
Amount of Each Receipt this Period
208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-68
 Amount of Each Receipt this Period
 125.00

B. Gregory C. Oberland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 N Lake Dr
 City Whitefish Bay State WI Zip Code 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011319755-558
 Amount of Each Receipt this Period
 208.00

c. Gregory C. Oberland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 N Lake Dr
 City Whitefish Bay State WI Zip Code 53211-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NML
 Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-558
 Amount of Each Receipt this Period
 208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-43
 Amount of Each Receipt this Period
 125.00

B. 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 ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-45
 Amount of Each Receipt this Period
 208.00

c. 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 ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-45
 Amount of Each Receipt this Period
 208.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 46
(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. 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-59
 Amount of Each Receipt this Period
 125.00

B. 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 ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-702
 Amount of Each Receipt this Period
 105.00

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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-48
 Amount of Each Receipt this Period
 208.00

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

**SCHEDULE A (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 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ **416.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : 2016012919751-48

Amount of Each Receipt this Period
208.00

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 ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : 2016012919751-71

Amount of Each Receipt this Period
125.00

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 ▼ **416.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : 2016011519749-19

Amount of Each Receipt this Period
208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
General Insurance Agent

Aggregate Year-to-Date ▼
416.00

Date of Receipt
01 / 31 / 2016
Transaction ID : 2016012919751-19

Amount of Each Receipt this Period
208.00

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 Field Strat & Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt
01 / 31 / 2016
Transaction ID : 2016012719750-597

Amount of Each Receipt this Period
133.00

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
General Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 31 / 2016
Transaction ID : 2016012919751-50

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 466.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 ▼ 416.00

Date of Receipt
01 / 15 / 2016
Transaction ID : 2016011519749-1

Amount of Each Receipt this Period
208.00

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 ▼ 416.00

Date of Receipt
01 / 31 / 2016
Transaction ID : 2016012919751-1

Amount of Each Receipt this Period
208.00

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 ▼ 416.00

Date of Receipt
01 / 15 / 2016
Transaction ID : 2016011319755-794

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 46
	<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. 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 ▼
 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-794
 Amount of Each Receipt this Period
 208.00

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 ▼
 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011319755-719
 Amount of Each Receipt this Period
 208.00

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 ▼
 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-719
 Amount of Each Receipt this Period
 208.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 46
(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. Todd M. Schoon

Mailing Address 9400 N Valley Hill Rd
R

City State Zip Code
River Hills WI 53217-1037

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

Name of Employer Occupation
NML Svp Field Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011319755-1008

Amount of Each Receipt this Period
208.00

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

Mailing Address 9400 N Valley Hill Rd
R

City State Zip Code
River Hills WI 53217-1037

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

Name of Employer Occupation
NML Svp Field Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2016
Transaction ID : 2016012719750-1008

Amount of Each Receipt this Period
208.00

Full Name (Last, First, Middle Initial)
C. Adam David Seiden

Mailing Address 44 Sunset Rd

City State Zip Code
Darien CT 06820-3527

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 ▼
416.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2016
Transaction ID : 2016011519749-63

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46
	<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. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-63
 Amount of Each Receipt this Period
 208.00

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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-33
 Amount of Each Receipt this Period
 208.00

c. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-33
 Amount of Each Receipt this Period
 208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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. Peter F. Striano III
Full Name (Last, First, Middle Initial)

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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

Transaction ID : 2016012919751-46

Amount of Each Receipt this Period

125.00

B. 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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

Transaction ID : 2016012919751-15

Amount of Each Receipt this Period

125.00

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 ▼ **416.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2016

Transaction ID : 2016011519749-27

Amount of Each Receipt this Period

208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46
	<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. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-27
 Amount of Each Receipt this Period
 208.00

B. 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-56
 Amount of Each Receipt this Period
 125.00

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-42
 Amount of Each Receipt this Period
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-18
 Amount of Each Receipt this Period
 208.00

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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-18
 Amount of Each Receipt this Period
 208.00

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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-55
 Amount of Each Receipt this Period
 208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-55
 Amount of Each Receipt this Period
 208.00

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 ▼ 202.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-722
 Amount of Each Receipt this Period
 101.00

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-49
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	434.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46
	<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. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012719750-743
 Amount of Each Receipt this Period
 130.00

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 ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 2016011519749-10
 Amount of Each Receipt this Period
 208.00

C. 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 ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016
Transaction ID : 2016012919751-10
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional).....▶	546.00
TOTAL This Period (last page this line number only).....▶	17348.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

001

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : D7DA9EE1C1EC8003163

Amount of Each Disbursement this Period

236.57

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

236.57

236.57

**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. American Bankers Association PAC (BANKPAC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Mailing Address 1120 Connecticut Avenue NW
Suite 600

Transaction ID : E867DD67A56C8A17ECB

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
2016 Contribution

0	1	1
---	---	---

Category/
Type

Candidate Name

American Bankers Association PAC (BANKPAC)

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

B. American Council of Life Insurers Political Action Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Mailing Address 101 Constitution Ave., NW
Suite 700

Transaction ID : F196EFC9D9F3CE25E20

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
2016 Contribution

0	1	1
---	---	---

Category/
Type

Candidate Name

American Council of Life Insurers Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

C. Association for Advanced Life Underwriting PAC (AALU PAC)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Mailing Address 11921 Freedom Drive
Suite 1100

Transaction ID : E9355990DA224A51140

City Reston State VA Zip Code 20190-5634

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
2016 Contribution

0	1	1
---	---	---

Category/
Type

Candidate Name

Association for Advanced Life Underwriting PAC (AALU PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

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

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	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)

<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. Bennet for Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Michael F. Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	6

Transaction ID : 50BE9CA3B6110159409

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address PO Box 8277

City State Zip Code
the Woodlands TX 77387-8277

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Kevin Patrick Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	6

Transaction ID : 40879F4F4E5979B9B2D

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City State Zip Code
the Woodlands TX 77387-8277

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Kevin Patrick Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	6

Transaction ID : B0F4E2B3E83339CF573

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	0	0	0	0	0	0	0	0	0
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1	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. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
2016 Primary

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

MM / DD / YYYY
01 / 26 / 2016

Transaction ID : 1A5512835C9BA59EB8D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
2016 Primary

011

Candidate Name

Jeffrey John Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2016

Transaction ID : C9DC03D1226B7BE6270

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dold for Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
2016 Primary

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

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : 1BC2A8C04620D7B446C

Amount of Each Disbursement this Period

3000.00

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

7500.00

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. Friends of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

David Patrick Joyce

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2016

Transaction ID : D5D74170073270DC067

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Mike Lee Inc

Mailing Address 10 West Broadway
Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
2016 Convention

011
Category/
Type

Candidate Name

Michael Shumway Lee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : 0CCECAC64B054EB9A25

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Investment Company Institute Political Action Committee

Mailing Address 1401 H Street NW Suite 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

011
Category/
Type

Candidate Name

Investment Company Institute Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : F52787DE20AA0FB71E5

Amount of Each Disbursement this Period

5000.00

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

7250.00

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. Pioneer Political Action Committee

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Pioneer Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : CD4D0CB51E3F3302A29

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Prosperity Action Inc.

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 22314-2000

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Prosperity Action Inc.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2016

Transaction ID : 4843D0F7C9325627714

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard Edmund Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : DA05D63DE806E6C7893

Amount of Each Disbursement this Period

2500.00

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

12500.00

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. Road To Freedom Political Action Committee

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Road To Freedom Political Action Committee

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	1		2	8		2	0	1	6

Transaction ID : B4DCEEDA87F5B531CA7

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2016 General

011

Candidate Name

Peter James Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	6

Transaction ID : 9B5CBA89E55D8A3E078

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Royce Campaign Committee

Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834-3249

Purpose of Disbursement
2016 General

011

Candidate Name

Edward Randall Royce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	6

Transaction ID : 356F32C78D097EACBF3

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

Full Name (Last, First, Middle Initial)

A. Association of California Life and Health Insurance Companies Political Action Committee
ACLHC PAC

Mailing Address 1201 K Street, Suite 1820

City Sacramento State CA Zip Code 95814-3918

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2016

Transaction ID : **BD80631DBD73EEE0DAE**

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

B. Association of California Life and Health Insurance Companies Political Action Committee(ADMIN FUND)

Mailing Address 1201 K Street, Suite 1820

City Sacramento State CA Zip Code 95814-3918

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2016

Transaction ID : **6E69DED2451DDD95E0F**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Life Insurance Council of New York Political Action Committee (LICONYPAC)

Mailing Address 111 Washington Avenue, Suite 300

City Albany State NY Zip Code 12210

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2016

Transaction ID : **6ADE76075EF7FA8D8BE**

Amount of Each Disbursement this Period

5000.00

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

14000.00

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

14000.00