

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2010 through 03 31 2010

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

Signature of Treasurer Electronically Filed by Loretta Mlekoday Date 04 13 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

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

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		183558.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	183558.22									
(c) Total Receipts (from Line 19) .....	95281.87	95281.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	278840.09	278840.09								
7. Total Disbursements (from Line 31) .....	127197.66	127197.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	151642.43	151642.43								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	54199.00	54199.00
(ii) Unitemized .....	36079.02	36079.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	90278.02	90278.02
(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) .....	90278.02	90278.02
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 .....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.85	3.85
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	95281.87	95281.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	95281.87	95281.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	197.66	197.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	197.66	197.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11550.00	11550.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	11500.00	11500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	127197.66	127197.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127197.66	127197.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	90278.02	90278.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90278.02	90278.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	197.66	197.66
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	197.66	197.66

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 165  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Jerome R. Baier

Mailing Address 19820 Tralee Court

City State Zip Code  
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-700

Amount of Each Receipt this Period  
51.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerome R. Baier

Mailing Address 19820 Tralee Court

City State Zip Code  
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-697

Amount of Each Receipt this Period  
51.00

**C.**

Full Name (Last, First, Middle Initial)  
Jerome R. Baier

Mailing Address 19820 Tralee Court

City State Zip Code  
Brookfield WI 53045-2129

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

Name of Employer NML Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-700

Amount of Each Receipt this Period  
51.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **153.00**

**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 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary H. Barsness		Date of Receipt
	Mailing Address 1671 Deer Springs Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	Bettendorf	IA	52722-7148
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100315184822-7
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	<input type="text"/> 42.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary H. Barsness		Date of Receipt
	Mailing Address 1671 Deer Springs Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2010
	City	State	Zip Code
	Bettendorf	IA	52722-7148
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010033012817-7
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	<input type="text"/> 42.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas P. Bates		Date of Receipt
	Mailing Address 5413 Mount Corcoran Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2010
	City	State	Zip Code
	Burke	VA	22015-2188
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010033011479-555
Name of Employer NML		Occupation VP Federal Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 119.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 3387 Hampton Court

City State Zip Code  
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** 20100315184822-44

Amount of Each Receipt this Period  
42.00

**B.**

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

Mailing Address 3387 Hampton Court

City State Zip Code  
Thousand Oaks CA 91362-1130

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** 2010033012817-44

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 116 Belden Hill Road

City State Zip Code  
Wilton CT 06897-2911

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

Name of Employer Self-Employed Occupation 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  
03 / 12 / 2010

**Transaction ID:** 20100315184822-47

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **134.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 165  
(check only one)

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

**A.**

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

Mailing Address 116 Belden Hill Road

City State Zip Code  
Wilton CT 06897-2911

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-47

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City State Zip Code  
Atlanta GA 30327-2614

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

Name of Employer NML Occupation  
Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-40

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City State Zip Code  
Atlanta GA 30327-2614

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

Name of Employer NML Occupation  
Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-40

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **134.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 165 S Pine Court

City State Zip Code  
Appleton WI 54914-8222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: 20100315184822-72

Amount of Each Receipt this Period  
42.00

**B.**

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

Mailing Address 165 S Pine Court

City State Zip Code  
Appleton WI 54914-8222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

Transaction ID: 2010033012817-72

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 8677 Alvarado Court

City State Zip Code  
Inver Grove MN 55077-3121

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

Transaction ID: 20100122165355-22

Amount of Each Receipt this Period  
208.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 165  
(check only one)

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

**A.**

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

Mailing Address 8677 Alvarado Court

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 ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145535-22

Amount of Each Receipt this Period  
208.00

**B.**

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

Mailing Address 8677 Alvarado Court

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 ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-22

Amount of Each Receipt this Period  
208.00

**C.**

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

Mailing Address 8677 Alvarado Court

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 ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-22

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 13 / 165

(check only one)

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

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

**A.**

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

Mailing Address 8677 Alvarado Court

City State Zip Code  
Inver Grove MN 55077-3121

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 20100315184822-22

Amount of Each Receipt this Period

208.00

**B.**

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

Mailing Address 8677 Alvarado Court

City State Zip Code  
Inver Grove MN 55077-3121

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: 2010033012817-22

Amount of Each Receipt this Period

208.00

**C.**

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

Mailing Address 395 La Casa Viaduct

City State Zip Code  
Walnut Creek CA 94598-4842

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

Name of Employer NML Occupation  
NML Special Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 31 / 2010

Transaction ID: 20100203145535-38

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 14 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 395 La Casa Viaduct

City Walnut Creek State CA Zip Code 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 15 / 2010  
Transaction ID: 20100217163036-38  
Amount of Each Receipt this Period: 125.00

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

Mailing Address 395 La Casa Viaduct

City Walnut Creek State CA Zip Code 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 28 / 2010  
Transaction ID: 20100302162037-38  
Amount of Each Receipt this Period: 125.00

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

Mailing Address 395 La Casa Viaduct

City Walnut Creek State CA Zip Code 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 12 / 2010  
Transaction ID: 20100315184822-38  
Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 395 La Casa Viaduct

City Walnut Creek State CA Zip Code 94598-4842

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

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2010

**Transaction ID:** 2010033012817-38

Amount of Each Receipt this Period  
125.00

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

Mailing Address 7322 N Mohawk Road

City Fox Point State WI Zip Code 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2010

**Transaction ID:** 20100217163117-975

Amount of Each Receipt this Period  
75.00

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

Mailing Address 7322 N Mohawk Road

City Fox Point State WI Zip Code 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2010

**Transaction ID:** 20100302162117-972

Amount of Each Receipt this Period  
75.00

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 7322 N Mohawk Road

City State Zip Code  
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-969

Amount of Each Receipt this Period  
75.00

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

Mailing Address 7322 N Mohawk Road

City State Zip Code  
Fox Point WI 53217-3454

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

Name of Employer NML Occupation VP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-973

Amount of Each Receipt this Period  
75.00

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

Mailing Address 317 Evening Star Lane

City State Zip Code  
Bozeman MT 59715-7738

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

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-54

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 192.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 165

(check only one)

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

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

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

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

Mailing Address 317 Evening Star Lane

City State Zip Code  
Bozeman MT 59715-7738

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

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: 2010033012817-54

Amount of Each Receipt this Period  
42.00

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

Mailing Address 12 High Meadow Lane

City State Zip Code  
Amherst NH 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2010

Transaction ID: 20100203145535-53

Amount of Each Receipt this Period  
125.00

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

Mailing Address 12 High Meadow Lane

City State Zip Code  
Amherst NH 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2010

Transaction ID: 20100217163036-53

Amount of Each Receipt this Period  
125.00

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

292.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 165

(check only one)

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

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

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

**A.**

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

Mailing Address 12 High Meadow Lane

City State Zip Code  
Amherst NH 03031-2554

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100302162037-53

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address 12 High Meadow Lane

City State Zip Code  
Amherst NH 03031-2554

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100315184822-53

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 12 High Meadow Lane

City State Zip Code  
Amherst NH 03031-2554

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 2010033012817-53

Amount of Each Receipt this Period  
125.00

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

**375.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 165  
(check only one)

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

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

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

**A.**

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

Mailing Address N55 W21701 Adamdale

City State Zip Code  
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-701

Amount of Each Receipt this Period  
53.00

**B.**

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

Mailing Address N55 W21701 Adamdale

City State Zip Code  
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-698

Amount of Each Receipt this Period  
53.00

**C.**

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

Mailing Address N55 W21701 Adamdale

City State Zip Code  
Menomonee Fal WI 53051

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

Name of Employer NML Occupation VP Compliance/Bp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-701

Amount of Each Receipt this Period  
53.00

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 923 E Kilbourn

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.00

Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145618-680  
Amount of Each Receipt this Period 118.00

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

Mailing Address 923 E Kilbourn

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.00

Date of Receipt 02 / 15 / 2010  
Transaction ID: 20100217163117-678  
Amount of Each Receipt this Period 118.00

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

Mailing Address 923 E Kilbourn

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.00

Date of Receipt 02 / 28 / 2010  
Transaction ID: 20100302162117-675  
Amount of Each Receipt this Period 118.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 354.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 923 E Kilbourn

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.00

Date of Receipt 03 / 12 / 2010  
Transaction ID: 2010031219121-672  
Amount of Each Receipt this Period 118.00

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

Mailing Address 923 E Kilbourn

City Milwaukee State WI Zip Code 53202-3493

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

Name of Employer NML Occupation Svp Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.00

Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033011479-675  
Amount of Each Receipt this Period 118.00

**C.** Full Name (Last, First, Middle Initial)  
Richard M. Condrey

Mailing Address 907 Williamson Drive

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 ▼ 1248.00

Date of Receipt 01 / 15 / 2010  
Transaction ID: 20100122165355-16  
Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 444.00

**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 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 907 Williamson Drive	<b>Transaction ID:</b> 20100203145535-16
	City Raleigh State NC Zip Code 27608-2307	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 1248.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey	Date of Receipt MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 907 Williamson Drive	<b>Transaction ID:</b> 20100217163036-16
	City Raleigh State NC Zip Code 27608-2307	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 1248.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 907 Williamson Drive	<b>Transaction ID:</b> 20100302162037-16
	City Raleigh State NC Zip Code 27608-2307	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 1248.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 165  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Richard M. Condrey

Mailing Address 907 Williamson Drive

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 ▼ 1248.00

Date of Receipt 03 / 12 / 2010

**Transaction ID:** 20100315184822-16

Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Richard M. Condrey

Mailing Address 907 Williamson Drive

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 ▼ 1248.00

Date of Receipt 03 / 29 / 2010

**Transaction ID:** 2010033012817-16

Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
C. T. Cruse

Mailing Address 2961 Belclaire Drive

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 ▼ 1248.00

Date of Receipt 01 / 15 / 2010

**Transaction ID:** 20100122165355-43

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 24 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 2961 Belclaire Drive

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 ▼ 1248.00

Date of Receipt 01 / 31 / 2010

Transaction ID: 20100203145535-43

Amount of Each Receipt this Period 208.00

**B.**

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

Mailing Address 2961 Belclaire Drive

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 ▼ 1248.00

Date of Receipt 02 / 15 / 2010

Transaction ID: 20100217163036-43

Amount of Each Receipt this Period 208.00

**C.**

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

Mailing Address 2961 Belclaire Drive

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 ▼ 1248.00

Date of Receipt 02 / 28 / 2010

Transaction ID: 20100302162037-43

Amount of Each Receipt this Period 208.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 165  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 2961 Belclaire Drive		<b>Transaction ID:</b> 20100315184822-43
	City Frisco	State TX	Zip Code 75034-5969
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 2961 Belclaire Drive		<b>Transaction ID:</b> 2010033012817-43
	City Frisco	State TX	Zip Code 75034-5969
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 6251 S Billings Way		<b>Transaction ID:</b> 20100315184822-37
	City Centennial	State CO	Zip Code 80111-6009
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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

466.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Brian R. Cunningham  
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 ▼ 300.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-37  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Jefferson V. De Angelis  
Mailing Address 4449 Donges Bay Road  
City Mequon State WI Zip Code 53092-4883  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation President Msa  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00  
Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145618-583  
Amount of Each Receipt this Period 169.00

**C.** Full Name (Last, First, Middle Initial)  
Jefferson V. De Angelis  
Mailing Address 4449 Donges Bay Road  
City Mequon State WI Zip Code 53092-4883  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation President Msa  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00  
Date of Receipt 02 / 15 / 2010  
Transaction ID: 20100217163117-581  
Amount of Each Receipt this Period 169.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 388.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 27 / 165  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jefferson V. De Angelis  
Mailing Address 4449 Donges Bay Road

City State Zip Code  
Mequon WI 53092-4883

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

Name of Employer NML Occupation President Msa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-579

Amount of Each Receipt this Period  
169.00

**B.** Full Name (Last, First, Middle Initial)  
Jefferson V. De Angelis  
Mailing Address 4449 Donges Bay Road

City State Zip Code  
Mequon WI 53092-4883

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

Name of Employer NML Occupation President Msa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-576

Amount of Each Receipt this Period  
169.00

**C.** Full Name (Last, First, Middle Initial)  
Jefferson V. De Angelis  
Mailing Address 4449 Donges Bay Road

City State Zip Code  
Mequon WI 53092-4883

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

Name of Employer NML Occupation President Msa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-578

Amount of Each Receipt this Period  
169.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **507.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 165  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 01 / 15 / 2010
Mailing Address 5799 Sunset Lane		<b>Transaction ID:</b> 20100122165355-14
City Indianapolis	State Zip Code IN 46228-1447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1248.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 01 / 31 / 2010
Mailing Address 5799 Sunset Lane		<b>Transaction ID:</b> 20100203145535-14
City Indianapolis	State Zip Code IN 46228-1447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1248.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 02 / 15 / 2010
Mailing Address 5799 Sunset Lane		<b>Transaction ID:</b> 20100217163036-14
City Indianapolis	State Zip Code IN 46228-1447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1248.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 165  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 5799 Sunset Lane		<b>Transaction ID:</b> 20100302162037-14
City Indianapolis	State IN	Zip Code 46228-1447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

**B.**

Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 5799 Sunset Lane		<b>Transaction ID:</b> 20100315184822-14
City Indianapolis	State IN	Zip Code 46228-1447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

**C.**

Full Name (Last, First, Middle Initial) Lew D. Derrickson		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 5799 Sunset Lane		<b>Transaction ID:</b> 2010033012817-14
City Indianapolis	State IN	Zip Code 46228-1447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 165

(check only one)

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

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

**A.**

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

Mailing Address 8420 N Pelican Lane

City State Zip Code  
River Hills WI 53217-2058

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

Name of Employer NML Occupation  
EVP & CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100122165433-853

Amount of Each Receipt this Period  
208.00

**B.**

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

Mailing Address 8420 N Pelican Lane

City State Zip Code  
River Hills WI 53217-2058

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

Name of Employer NML Occupation  
EVP & CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100203145618-852

Amount of Each Receipt this Period  
208.00

**C.**

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

Mailing Address 8420 N Pelican Lane

City State Zip Code  
River Hills WI 53217-2058

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

Name of Employer NML Occupation  
EVP & CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100217163117-849

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 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 8420 N Pelican Lane		<b>Transaction ID:</b> 20100302162117-846
City River Hills	State Zip Code WI 53217-2058	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
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 ▼ 1248.00	

**B.**

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 8420 N Pelican Lane		<b>Transaction ID:</b> 2010031219121-843
City River Hills	State Zip Code WI 53217-2058	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
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 ▼ 1248.00	

**C.**

Full Name (Last, First, Middle Initial) Mark G. Doll		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 8420 N Pelican Lane		<b>Transaction ID:</b> 2010033011479-846
City River Hills	State Zip Code WI 53217-2058	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
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 ▼ 1248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
Mailing Address 9 Falcon Drive  
City Mandeville State LA Zip Code 70471-2952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Special Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 01 / 15 / 2010  
Transaction ID: 20100122165355-41  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
Mailing Address 9 Falcon Drive  
City Mandeville State LA Zip Code 70471-2952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Special Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145535-41  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
Mailing Address 9 Falcon Drive  
City Mandeville State LA Zip Code 70471-2952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Special Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 02 / 15 / 2010  
Transaction ID: 20100217163036-41  
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 33 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
Mailing Address 9 Falcon Drive  
City Mandeville State LA Zip Code 70471-2952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Special Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 02 / 28 / 2010  
Transaction ID: 20100302162037-41  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
Mailing Address 9 Falcon Drive  
City Mandeville State LA Zip Code 70471-2952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Special Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: 20100315184822-41  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
Mailing Address 9 Falcon Drive  
City Mandeville State LA Zip Code 70471-2952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Special Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-41  
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 34 / 165  
(check only one)

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

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

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

**A.**

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

Mailing Address N71W31034 Lower Club

City Hartland State WI Zip Code 53029-8716

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

Name of Employer NML Occupation VP & Ipas Cnsl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt 03 / 29 / 2010

Transaction ID: 2010033011479-630

Amount of Each Receipt this Period 37.00

**B.**

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 31 / 2010

Transaction ID: 20100203145535-45

Amount of Each Receipt this Period 150.00

**C.**

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 15 / 2010

Transaction ID: 20100217163036-45

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 337.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 165  
(check only one)

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

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

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

**A.**

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 28 / 2010

Transaction ID: 20100302162037-45

Amount of Each Receipt this Period 150.00

**B.**

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 20100315184822-45

Amount of Each Receipt this Period 150.00

**C.**

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

Mailing Address 2520 Hanford Lane

City Aurora State IL Zip Code 60502-6969

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 29 / 2010

Transaction ID: 2010033012817-45

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 9927 N Valley Hill D

City State Zip Code  
Mequon WI 53092

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

Name of Employer NML Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** 2010033011479-886

Amount of Each Receipt this Period  
38.00

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

Mailing Address 4807 Timberwood Court

City State Zip Code  
West Des Moines IA 50265-5447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** 20100315184822-31

Amount of Each Receipt this Period  
42.00

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

Mailing Address 4807 Timberwood Court

City State Zip Code  
West Des Moines IA 50265-5447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** 2010033012817-31

Amount of Each Receipt this Period  
42.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John C. Ertz	Date of Receipt MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 18235 Shaker Boulevard	<b>Transaction ID:</b> 20100217163036-30
	City State Zip Code Shaker Heights OH 44120-1754	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John C. Ertz	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 18235 Shaker Boulevard	<b>Transaction ID:</b> 20100302162037-30
	City State Zip Code Shaker Heights OH 44120-1754	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John C. Ertz	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 18235 Shaker Boulevard	<b>Transaction ID:</b> 20100315184822-30
	City State Zip Code Shaker Heights OH 44120-1754	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 18235 Shaker Boulevard

City State Zip Code  
Shaker Heights OH 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 ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-30

Amount of Each Receipt this Period  
70.00

**B.**

Full Name (Last, First, Middle Initial)  
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code  
Bayside WI 53217-1317

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

Name of Employer NML Occupation  
Svp Agency Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163117-917

Amount of Each Receipt this Period  
85.00

**C.**

Full Name (Last, First, Middle Initial)  
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code  
Bayside WI 53217-1317

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

Name of Employer NML Occupation  
Svp Agency Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-914

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

**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 39 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code  
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

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

Date of Receipt

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

Transaction ID: 2010031219121-911

Amount of Each Receipt this Period

85.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City State Zip Code  
Bayside WI 53217-1317

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

Name of Employer NML Occupation Svp Agency Svcs

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Transaction ID: 2010033011479-914

Amount of Each Receipt this Period

85.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
John E. Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code  
Carmichael CA 95608-6052

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100122165355-34

Amount of Each Receipt this Period

208.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ►

378.00
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John E. Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code  
Carmichael CA 95608-6052

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145535-34

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
John E. Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code  
Carmichael CA 95608-6052

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-34

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
John E. Fobes, II

Mailing Address 1638 Del Dayo Drive

City State Zip Code  
Carmichael CA 95608-6052

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-34

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 41 / 165
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John E. Fobes, II		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 1638 Del Dayo Drive		<b>Transaction ID:</b> 20100315184822-34		
	City Carmichael	State CA	Zip Code 95608-6052	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Insurance Agent Aggregate Year-to-Date ▼ 1248.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John E. Fobes, II		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 1638 Del Dayo Drive		<b>Transaction ID:</b> 2010033012817-34		
	City Carmichael	State CA	Zip Code 95608-6052	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Insurance Agent Aggregate Year-to-Date ▼ 1248.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Lee M. Fortenberry		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 115 Hillside Road		<b>Transaction ID:</b> 20100315184822-55		
	City Mechanicsburg	State PA	Zip Code 17050-1728	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Insurance Agent Aggregate Year-to-Date ▼ 252.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 115 Hillside Road

City State Zip Code  
Mechanicsburg PA 17050-1728

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-55

Amount of Each Receipt this Period  
42.00

**B.**

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

Mailing Address 2224 E 24th Street

City State Zip Code  
Tulsa OK 74114-2912

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-57

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 2224 E 24th Street

City State Zip Code  
Tulsa OK 74114-2912

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-57

Amount of Each Receipt this Period  
42.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 165

(check only one)

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

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

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

**A.**

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

Mailing Address 5 Gennaro Circle

City State Zip Code  
Wayland MA 01778-4436

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100203145535-29

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address 5 Gennaro Circle

City State Zip Code  
Wayland MA 01778-4436

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100217163036-29

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 5 Gennaro Circle

City State Zip Code  
Wayland MA 01778-4436

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100302162037-29

Amount of Each Receipt this Period  
125.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert T. Frieling  
Mailing Address 5 Gennaro Circle  
City Wayland State MA Zip Code 01778-4436  
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 ▼ 750.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: 20100315184822-29  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Robert T. Frieling  
Mailing Address 5 Gennaro Circle  
City Wayland State MA Zip Code 01778-4436  
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 ▼ 750.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-29  
Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Mitchell B. Glover  
Mailing Address 6700 Old Darby Trail Northeast  
City Ada State MI Zip Code 49301-8360  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145535-27  
Amount of Each Receipt this Period 125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 165

(check only one)

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

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

**A.**

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code  
Ada MI 49301-8360

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100217163036-27

Amount of Each Receipt this Period

125.00

**B.**

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code  
Ada MI 49301-8360

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100302162037-27

Amount of Each Receipt this Period

125.00

**C.**

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code  
Ada MI 49301-8360

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100315184822-27

Amount of Each Receipt this Period

125.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 6700 Old Darby Trail Northeast

City State Zip Code  
Ada MI 49301-8360

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-27

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City State Zip Code  
River Hills WI 53217

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

Name of Employer NML Occupation  
VP Comm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-571

Amount of Each Receipt this Period  
63.00

**C.** Full Name (Last, First, Middle Initial)  
Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City State Zip Code  
River Hills WI 53217

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

Name of Employer NML Occupation  
VP Comm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-568

Amount of Each Receipt this Period  
63.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **251.00**

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

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

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

FOR LINE NUMBER: PAGE 47 / 165

(check only one)

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

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

**A.**

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

Mailing Address 2485 W Fairy Chasm R

City State Zip Code  
River Hills WI 53217

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

Name of Employer Occupation  
NML VP Comm

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Transaction ID: 2010033011479-570

Amount of Each Receipt this Period

63.00
-------

**B.**

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

Mailing Address 8042 Cheverny Drive

City State Zip Code  
Mequon WI 53097-2532

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100203145535-39

Amount of Each Receipt this Period

125.00
--------

**C.**

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

Mailing Address 8042 Cheverny Drive

City State Zip Code  
Mequon WI 53097-2532

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100217163036-39

Amount of Each Receipt this Period

125.00
--------

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

313.00
--------

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

--

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

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

FOR LINE NUMBER: PAGE 48 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Tom Goris, Jr.  
Mailing Address 8042 Cheverny Drive  
City State Zip Code  
Meguon WI 53097-2532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt MM / DD / YYYY  
02 / 28 / 2010  
Transaction ID: 20100302162037-39  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Tom Goris, Jr.  
Mailing Address 8042 Cheverny Drive  
City State Zip Code  
Meguon WI 53097-2532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt MM / DD / YYYY  
03 / 12 / 2010  
Transaction ID: 20100315184822-39  
Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Tom Goris, Jr.  
Mailing Address 8042 Cheverny Drive  
City State Zip Code  
Meguon WI 53097-2532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt MM / DD / YYYY  
03 / 29 / 2010  
Transaction ID: 2010033012817-39  
Amount of Each Receipt this Period 125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 165  
(check only one)

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

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

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

**A.**

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

Mailing Address 706 W Acacia Road

City State Zip Code  
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163117-1017

Amount of Each Receipt this Period  
88.00

**B.**

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

Mailing Address 706 W Acacia Road

City State Zip Code  
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-1014

Amount of Each Receipt this Period  
88.00

**C.**

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

Mailing Address 706 W Acacia Road

City State Zip Code  
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-1010

Amount of Each Receipt this Period  
88.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **264.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 165  
(check only one)

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

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

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

**A.**

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

Mailing Address 706 W Acacia Road

City State Zip Code  
Glendale WI 53217-4008

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

Name of Employer NML Occupation Pres & CEO Wealth Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt 03 / 29 / 2010

Transaction ID: 2010033011479-1014

Amount of Each Receipt this Period 88.00

**B.**

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

Mailing Address 2155 Hickory Court

City State Zip Code  
Oshkosh WI 54901-2581

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 20100315184822-8

Amount of Each Receipt this Period 42.00

**C.**

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

Mailing Address 2155 Hickory Court

City State Zip Code  
Oshkosh WI 54901-2581

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 29 / 2010

Transaction ID: 2010033012817-8

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 172.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 165

(check only one)

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

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

**A.**

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

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 324.00

Date of Receipt

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

Transaction ID: 20100302162117-644

Amount of Each Receipt this Period

54.00

**B.**

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

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 324.00

Date of Receipt

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

Transaction ID: 2010031219121-641

Amount of Each Receipt this Period

54.00

**C.**

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

Mailing Address W73 N377 Mulberry Avenue

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP-New Business

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 324.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 2010033011479-644

Amount of Each Receipt this Period

54.00

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

162.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen T. Guinan  
 Mailing Address 126 Waverly Circle  
 City State Zip Code  
 Phoenixville PA 19460-2500  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2010  
**Transaction ID:** 20100315184822-52  
 Amount of Each Receipt this Period  
 42.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Self-Employed General Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 252.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen T. Guinan  
 Mailing Address 126 Waverly Circle  
 City State Zip Code  
 Phoenixville PA 19460-2500  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2010  
**Transaction ID:** 2010033012817-52  
 Amount of Each Receipt this Period  
 42.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Self-Employed General Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 252.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin J. Hassan  
 Mailing Address 804 Montparnasse Place  
 City State Zip Code  
 Newtown Sq PA 19073-2623  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2010  
**Transaction ID:** 20100203145535-28  
 Amount of Each Receipt this Period  
 125.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Self-Employed General Insurance Agent  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 165
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin J. Hassan		Date of Receipt MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 804 Montparnasse Place		<b>Transaction ID:</b> 20100217163036-28
	City Newtown Sq	State PA	Zip Code 19073-2623
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin J. Hassan		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 804 Montparnasse Place		<b>Transaction ID:</b> 20100302162037-28
	City Newtown Sq	State PA	Zip Code 19073-2623
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin J. Hassan		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 804 Montparnasse Place		<b>Transaction ID:</b> 20100315184822-28
	City Newtown Sq	State PA	Zip Code 19073-2623
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

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

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

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

FOR LINE NUMBER: PAGE 54 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin J. Hassan  
 Mailing Address 804 Montparnasse Place  
 City State Zip Code  
 Newtown Sq PA 19073-2623  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2010  
**Transaction ID:** 2010033012817-28  
 Amount of Each Receipt this Period  
 125.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed General Insurance Agent  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

**B.** Full Name (Last, First, Middle Initial)  
Mark J Heurung  
 Mailing Address 18443 Melissa Circle  
 City State Zip Code  
 Eden Prairie MN 55347-1058  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 15 / 2010  
**Transaction ID:** 20100122165355-51  
 Amount of Each Receipt this Period  
 208.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML Special Agent  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1248.00

**C.** Full Name (Last, First, Middle Initial)  
Mark J Heurung  
 Mailing Address 18443 Melissa Circle  
 City State Zip Code  
 Eden Prairie MN 55347-1058  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2010  
**Transaction ID:** 20100203145535-51  
 Amount of Each Receipt this Period  
 208.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NML Special Agent  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1248.00

**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 55 / 165

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark J Heurung		Date of Receipt MM / DD / YYYY 02 / 15 / 2010		
	Mailing Address 18443 Melissa Circle		<b>Transaction ID:</b> 20100217163036-51		
	City Eden Prairie	State MN	Zip Code 55347-1058	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark J Heurung		Date of Receipt MM / DD / YYYY 02 / 28 / 2010		
	Mailing Address 18443 Melissa Circle		<b>Transaction ID:</b> 20100302162037-51		
	City Eden Prairie	State MN	Zip Code 55347-1058	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark J Heurung		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 18443 Melissa Circle		<b>Transaction ID:</b> 20100315184822-51		
	City Eden Prairie	State MN	Zip Code 55347-1058	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Special Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

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

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

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

FOR LINE NUMBER: PAGE 56 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mark J Heurung  
 Mailing Address 18443 Melissa Circle  
 City State Zip Code  
 Eden Prairie MN 55347-1058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Special Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00  
 Date of Receipt 03 / 29 / 2010  
**Transaction ID:** 2010033012817-51  
 Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Gary M. Hewitt  
 Mailing Address 2045 Elm Tree Road  
 City State Zip Code  
 Elm Grove WI 53122-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Treas & Inv Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00  
 Date of Receipt 02 / 15 / 2010  
**Transaction ID:** 20100217163117-911  
 Amount of Each Receipt this Period 70.00

**C.** Full Name (Last, First, Middle Initial)  
Gary M. Hewitt  
 Mailing Address 2045 Elm Tree Road  
 City State Zip Code  
 Elm Grove WI 53122-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Treas & Inv Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00  
 Date of Receipt 02 / 28 / 2010  
**Transaction ID:** 20100302162117-908  
 Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 348.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 57 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2045 Elm Tree Road

City State Zip Code  
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-905

Amount of Each Receipt this Period  
70.00

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

Mailing Address 2045 Elm Tree Road

City State Zip Code  
Elm Grove WI 53122-1117

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

Name of Employer NML Occupation VP Treas & Inv Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-908

Amount of Each Receipt this Period  
70.00

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

Mailing Address 11390 N Creekside Court

City State Zip Code  
Mequon WI 53092-4377

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145535-59

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.00**

**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 58 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve H. Holter	Date of Receipt MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 11390 N Creekside Court	<b>Transaction ID:</b> 20100217163036-59
	City State Zip Code Mequon WI 53092-4377	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve H. Holter	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 11390 N Creekside Court	<b>Transaction ID:</b> 20100302162037-59
	City State Zip Code Mequon WI 53092-4377	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve H. Holter	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 11390 N Creekside Court	<b>Transaction ID:</b> 20100315184822-59
	City State Zip Code Mequon WI 53092-4377	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

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

FOR LINE NUMBER: PAGE 59 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Steve H. Holter  
Mailing Address 11390 N Creekside Court  
City State Zip Code  
Mequon WI 53092-4377  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt: 03 / 29 / 2010  
Transaction ID: 2010033012817-59  
Amount of Each Receipt this Period: 125.00

**B.** Full Name (Last, First, Middle Initial)  
Harry P. Hoopis  
Mailing Address 1133 Elmtree Road  
City State Zip Code  
Lake Forest IL 60045-1413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt: 01 / 15 / 2010  
Transaction ID: 20100122165355-1  
Amount of Each Receipt this Period: 208.00

**C.** Full Name (Last, First, Middle Initial)  
Harry P. Hoopis  
Mailing Address 1133 Elmtree Road  
City State Zip Code  
Lake Forest IL 60045-1413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt: 01 / 31 / 2010  
Transaction ID: 20100203145535-1  
Amount of Each Receipt this Period: 208.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 165  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harry P. Hoopis</p> <p>Mailing Address 1133 Elmtree Road</p> <p>City State Zip Code Lake Forest IL 60045-1413</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1248.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 15 / 2010</p> <p><b>Transaction ID:</b> 20100217163036-1</p> <p>Amount of Each Receipt this Period 208.00</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Harry P. Hoopis</p> <p>Mailing Address 1133 Elmtree Road</p> <p>City State Zip Code Lake Forest IL 60045-1413</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1248.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 28 / 2010</p> <p><b>Transaction ID:</b> 20100302162037-1</p> <p>Amount of Each Receipt this Period 208.00</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Harry P. Hoopis</p> <p>Mailing Address 1133 Elmtree Road</p> <p>City State Zip Code Lake Forest IL 60045-1413</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1248.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 12 / 2010</p> <p><b>Transaction ID:</b> 20100315184822-1</p> <p>Amount of Each Receipt this Period 208.00</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Harry P. Hoopis

Mailing Address 1133 Elmtree Road

City State Zip Code  
Lake Forest IL 60045-1413

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-1

Amount of Each Receipt this Period  
208.00

**B.**

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

Mailing Address 1701 E Westminster Lane

City State Zip Code  
Spokane WA 99223-6712

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-17

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 1701 E Westminster Lane

City State Zip Code  
Spokane WA 99223-6712

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-17

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **308.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5612 Enderly Road

City Baltimore State MD Zip Code 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 01 / 31 / 2010  
**Transaction ID:** 20100203145535-33  
 Amount of Each Receipt this Period: 125.00

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

Mailing Address 5612 Enderly Road

City Baltimore State MD Zip Code 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 15 / 2010  
**Transaction ID:** 20100217163036-33  
 Amount of Each Receipt this Period: 125.00

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

Mailing Address 5612 Enderly Road

City Baltimore State MD Zip Code 21212-2939

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

Name of Employer NML Occupation General Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 28 / 2010  
**Transaction ID:** 20100302162037-33  
 Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Scott Iodice		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 5612 Enderly Road		<b>Transaction ID:</b> 20100315184822-33
City Baltimore	State MD	Zip Code 21212-2939
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Scott Iodice		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 5612 Enderly Road		<b>Transaction ID:</b> 2010033012817-33
City Baltimore	State MD	Zip Code 21212-2939
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer NML	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 02 / 15 / 2010
Mailing Address 23702 Champe Ford Road		<b>Transaction ID:</b> 20100217163117-941
City Middleburg	State VA	Zip Code 20117-2940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer NML	Occupation Director-Field Production	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	326.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 165

(check only one)

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

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

**A.**

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

Mailing Address 23702 Champe Ford Road

City State Zip Code  
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 456.00

Date of Receipt

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

Transaction ID: 20100302162117-938

Amount of Each Receipt this Period

76.00

**B.**

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

Mailing Address 23702 Champe Ford Road

City State Zip Code  
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 456.00

Date of Receipt

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

Transaction ID: 2010031219121-935

Amount of Each Receipt this Period

76.00

**C.**

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

Mailing Address 23702 Champe Ford Road

City State Zip Code  
Middleburg VA 20117-2940

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

Name of Employer NML Occupation Director-Field Production

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 456.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 2010033011479-939

Amount of Each Receipt this Period

76.00

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

228.00

**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 65 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Shawn F. Kelley	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 16 Vintage Walk	<b>Transaction ID:</b> 20100315184822-68
	City State Zip Code Cincinnati OH 45249-2101	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Shawn F. Kelley	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 16 Vintage Walk	<b>Transaction ID:</b> 2010033012817-68
	City State Zip Code Cincinnati OH 45249-2101	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John C. Kelly	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 5806 N Kent Avenue	<b>Transaction ID:</b> 20100302162117-615
	City State Zip Code Whitefish Bay WI 53217-4612	Amount of Each Receipt this Period 61.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP & Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 165  
(check only one)

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

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

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

**A.**

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

Mailing Address 5806 N Kent Avenue

City State Zip Code  
Whitefish Bay WI 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-612

Amount of Each Receipt this Period  
61.00

**B.**

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

Mailing Address 5806 N Kent Avenue

City State Zip Code  
Whitefish Bay WI 53217-4612

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

Name of Employer NML Occupation VP & Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-614

Amount of Each Receipt this Period  
61.00

**C.**

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

Mailing Address 8930 Dunn Court

City State Zip Code  
Dublin OH 43017-8880

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-66

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **164.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 8930 Dunn Court

City State Zip Code  
Dublin OH 43017-8880

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-66

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert H. Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City State Zip Code  
Beverly Hills CA 90210-2326

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145535-74

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code  
Jacksonville FL 32224-5621

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-24

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **267.00**

**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 68 / 165

(check only one)

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

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

**A.**

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

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code  
Jacksonville FL 32224-5621

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 20100302162037-24

Amount of Each Receipt this Period

100.00

**B.**

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

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code  
Jacksonville FL 32224-5621

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 20100315184822-24

Amount of Each Receipt this Period

100.00

**C.**

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

Mailing Address 4645 Swilcan Bridge Lane S

City State Zip Code  
Jacksonville FL 32224-5621

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 2010033012817-24

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
John L. Kordsmeier  
Mailing Address 2522 W Daphne Road  
City Glendale State WI Zip Code 53209-3352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Disability Income  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 348.00  
Date of Receipt 02 / 28 / 2010  
Transaction ID: 20100302162117-1045  
Amount of Each Receipt this Period 58.00

**B.** Full Name (Last, First, Middle Initial)  
John L. Kordsmeier  
Mailing Address 2522 W Daphne Road  
City Glendale State WI Zip Code 53209-3352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Disability Income  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 348.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: 2010031219121-1041  
Amount of Each Receipt this Period 58.00

**C.** Full Name (Last, First, Middle Initial)  
John L. Kordsmeier  
Mailing Address 2522 W Daphne Road  
City Glendale State WI Zip Code 53209-3352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Disability Income  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 348.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033011479-1045  
Amount of Each Receipt this Period 58.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 174.00  
**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 70 / 165
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven H. Kosnick		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 5799 Windsona Circle		<b>Transaction ID:</b> 20100315184822-19		
	City Fitchburg	State WI	Zip Code 53711-5839	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed 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 ▼ 252.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven H. Kosnick		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 5799 Windsona Circle		<b>Transaction ID:</b> 2010033012817-19		
	City Fitchburg	State WI	Zip Code 53711-5839	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed 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 ▼ 252.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael K. Lawhon		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 6952 Burnt Sienna Circle		<b>Transaction ID:</b> 20100315184822-61		
	City Naples	State FL	Zip Code 34109-7826	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed 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 ▼ 252.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	126.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 165  
(check only one)

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

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

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code  
Naples FL 34109-7826

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** 2010033012817-61

Amount of Each Receipt this Period  
42.00

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

Mailing Address 1108 W Goldthread Circle

City State Zip Code  
Sioux Falls SD 57108-2824

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** 20100315184822-23

Amount of Each Receipt this Period  
42.00

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

Mailing Address 1108 W Goldthread Circle

City State Zip Code  
Sioux Falls SD 57108-2824

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** 2010033012817-23

Amount of Each Receipt this Period  
42.00

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

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

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

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

FOR LINE NUMBER: PAGE 72 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Susan A. Lueger  
 Mailing Address 4317 N Stowell Avenue  
 City State Zip Code  
Shorewood WI 53211-1748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00  
 Date of Receipt MM / DD / YYYY 02 / 28 / 2010  
**Transaction ID:** 20100302162117-604  
 Amount of Each Receipt this Period 55.00

**B.** Full Name (Last, First, Middle Initial)  
Susan A. Lueger  
 Mailing Address 4317 N Stowell Avenue  
 City State Zip Code  
Shorewood WI 53211-1748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00  
 Date of Receipt MM / DD / YYYY 03 / 12 / 2010  
**Transaction ID:** 2010031219121-601  
 Amount of Each Receipt this Period 55.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey J. Lueken  
 Mailing Address 1213 E Goodrich Lane  
 City State Zip Code  
Fox Point WI 53217-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation Svp Securities  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 798.00  
 Date of Receipt MM / DD / YYYY 01 / 31 / 2010  
**Transaction ID:** 20100203145618-905  
 Amount of Each Receipt this Period 133.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 243.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 1213 E Goodrich Lane

City State Zip Code  
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163117-902

Amount of Each Receipt this Period  
133.00

**B.**

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

Mailing Address 1213 E Goodrich Lane

City State Zip Code  
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-899

Amount of Each Receipt this Period  
133.00

**C.**

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

Mailing Address 1213 E Goodrich Lane

City State Zip Code  
Fox Point WI 53217-2946

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

Name of Employer NML Occupation Svp Securities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-896

Amount of Each Receipt this Period  
133.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **399.00**

**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 74 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey J. Lueken  
Mailing Address 1213 E Goodrich Lane  
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 ▼ 798.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033011479-899  
Amount of Each Receipt this Period 133.00

**B.** Full Name (Last, First, Middle Initial)  
Jean M. Maier  
Mailing Address 5432 N Diversey  
City Whitefish Bay State WI Zip Code 53217-5165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp Ent Ops & Cco  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00  
Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145618-535  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Jean M. Maier  
Mailing Address 5432 N Diversey  
City Whitefish Bay State WI Zip Code 53217-5165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp Ent Ops & Cco  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00  
Date of Receipt 02 / 15 / 2010  
Transaction ID: 20100217163117-533  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 433.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 165  
(check only one)

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

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

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

**A.**

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

Mailing Address 5432 N Diversey

City State Zip Code  
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-531

Amount of Each Receipt this Period  
150.00

**B.**

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

Mailing Address 5432 N Diversey

City State Zip Code  
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-529

Amount of Each Receipt this Period  
150.00

**C.**

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

Mailing Address 5432 N Diversey

City State Zip Code  
Whitefish Bay WI 53217-5165

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

Name of Employer NML Occupation Svp Ent Ops & Cco

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-531

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

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

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

FOR LINE NUMBER: PAGE 76 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 7236 N Crossway

City State Zip Code  
Fox Point WI 53217-3519

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

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163117-569

Amount of Each Receipt this Period  
70.00

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

Mailing Address 7236 N Crossway

City State Zip Code  
Fox Point WI 53217-3519

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

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-567

Amount of Each Receipt this Period  
70.00

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

Mailing Address 7236 N Crossway

City State Zip Code  
Fox Point WI 53217-3519

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

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-564

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **210.00**

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

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

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

FOR LINE NUMBER: PAGE 77 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 7236 N Crossway

City State Zip Code  
Fox Point WI 53217-3519

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

Name of Employer NML Occupation Gen Cnsl & Sec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-566

Amount of Each Receipt this Period 70.00

**B.** Full Name (Last, First, Middle Initial)  
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code  
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163117-829

Amount of Each Receipt this Period 83.00

**C.** Full Name (Last, First, Middle Initial)  
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code  
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-826

Amount of Each Receipt this Period 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **236.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code  
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-823

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code  
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-826

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
David C. Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code  
Wellesley MA 02481-2757

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145535-13

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **366.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) David C. Mc Avoy		Date of Receipt MM / DD / YYYY 02 / 15 / 2010
Mailing Address 11 Mountview Road		<b>Transaction ID:</b> 20100217163036-13
City Wellesley	State MA	Zip Code 02481-2757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**B.**

Full Name (Last, First, Middle Initial) David C. Mc Avoy		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 11 Mountview Road		<b>Transaction ID:</b> 20100302162037-13
City Wellesley	State MA	Zip Code 02481-2757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**C.**

Full Name (Last, First, Middle Initial) David C. Mc Avoy		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 11 Mountview Road		<b>Transaction ID:</b> 20100315184822-13
City Wellesley	State MA	Zip Code 02481-2757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David C. Mc Avoy

Mailing Address 11 Mountview Road

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 ▼ 1200.00

Date of Receipt 03 / 29 / 2010

**Transaction ID:** 2010033012817-13

Amount of Each Receipt this Period 200.00

**B.**

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

Mailing Address 6098 Pioneer Fork Road

City Salt Lake Cty State UT Zip Code 84108-3613

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 ▼ 750.00

Date of Receipt 01 / 31 / 2010

**Transaction ID:** 20100203145535-10

Amount of Each Receipt this Period 125.00

**C.**

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

Mailing Address 6098 Pioneer Fork Road

City Salt Lake Cty State UT Zip Code 84108-3613

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 ▼ 750.00

Date of Receipt 02 / 15 / 2010

**Transaction ID:** 20100217163036-10

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Roger M. Mc Queen		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 6098 Pioneer Fork Road		<b>Transaction ID:</b> 20100302162037-10
City Salt Lake Cty	State UT	Zip Code 84108-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Roger M. Mc Queen		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 6098 Pioneer Fork Road		<b>Transaction ID:</b> 20100315184822-10
City Salt Lake Cty	State UT	Zip Code 84108-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) Roger M. Mc Queen		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 6098 Pioneer Fork Road		<b>Transaction ID:</b> 2010033012817-10
City Salt Lake Cty	State UT	Zip Code 84108-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 165  
(check only one)

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

**A.**

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

Mailing Address 1402 Wyndemere Point Drive

City State Zip Code  
Champaign IL 61822-3349

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** 20100315184822-70

Amount of Each Receipt this Period  
42.00

**B.**

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

Mailing Address 1402 Wyndemere Point Drive

City State Zip Code  
Champaign IL 61822-3349

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** 2010033012817-70

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th Street

City State Zip Code  
Hinsdale IL 60521-4603

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2010

**Transaction ID:** 20100122165355-18

Amount of Each Receipt this Period  
208.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 01 / 31 / 2010

**Transaction ID:** 20100203145535-18

Amount of Each Receipt this Period 208.00

**B.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 02 / 15 / 2010

**Transaction ID:** 20100217163036-18

Amount of Each Receipt this Period 208.00

**C.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 02 / 28 / 2010

**Transaction ID:** 20100302162037-18

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 84 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 20100315184822-18

Amount of Each Receipt this Period 208.00

**B.**

Full Name (Last, First, Middle Initial)  
John W. McTigue

Mailing Address 205 E 4th Street

City Hinsdale State IL Zip Code 60521-4603

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 29 / 2010

Transaction ID: 2010033012817-18

Amount of Each Receipt this Period 208.00

**C.**

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

Mailing Address 208 Long Acres Lane

City Oviedo State FL Zip Code 32765-7843

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 20100315184822-21

Amount of Each Receipt this Period 42.00

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

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

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

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

FOR LINE NUMBER: PAGE 85 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph F. Meier  
Mailing Address 208 Long Acres Lane  
City Oviedo State FL Zip Code 32765-7843  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-21  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Carl W. Middleton, III  
Mailing Address 15712 Point Monroe Drive Northeast  
City Bainbridge Island State WA Zip Code 98110-1158  
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 ▼ 750.00  
Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145535-6  
Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Carl W. Middleton, III  
Mailing Address 15712 Point Monroe Drive Northeast  
City Bainbridge Island State WA Zip Code 98110-1158  
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 ▼ 750.00  
Date of Receipt 02 / 15 / 2010  
Transaction ID: 20100217163036-6  
Amount of Each Receipt this Period 125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 165  
(check only one)

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

**A.**

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

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code  
Bainbridge Island WA 98110-1158

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-6

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code  
Bainbridge Island WA 98110-1158

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-6

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 15712 Point Monroe Drive Northeast

City State Zip Code  
Bainbridge Island WA 98110-1158

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-6

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 34 Storyteller Court

City Sandia Park State NM Zip Code 87047-8542

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 ▼ 252.00

Date of Receipt MM / DD / YYYY 03 / 12 / 2010

**Transaction ID:** 20100315184822-64

Amount of Each Receipt this Period 42.00

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

Mailing Address 34 Storyteller Court

City Sandia Park State NM Zip Code 87047-8542

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 ▼ 252.00

Date of Receipt MM / DD / YYYY 03 / 29 / 2010

**Transaction ID:** 2010033012817-64

Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin E. Miller

Mailing Address 214 Schenley Road

City Pittsburgh State PA Zip Code 15217-1171

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt MM / DD / YYYY 01 / 15 / 2010

**Transaction ID:** 20100122165355-50

Amount of Each Receipt this Period 208.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 165  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 01 / 31 / 2010		
	Mailing Address 214 Schenley Road		<b>Transaction ID:</b> 20100203145535-50		
	City Pittsburgh	State PA	Zip Code 15217-1171	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed 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 ▼ 1248.00
---	-------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 02 / 15 / 2010		
	Mailing Address 214 Schenley Road		<b>Transaction ID:</b> 20100217163036-50		
	City Pittsburgh	State PA	Zip Code 15217-1171	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed 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 ▼ 1248.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 02 / 28 / 2010		
	Mailing Address 214 Schenley Road		<b>Transaction ID:</b> 20100302162037-50		
	City Pittsburgh	State PA	Zip Code 15217-1171	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed 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 ▼ 1248.00
---	-------------------------------------

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 165

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 214 Schenley Road		<b>Transaction ID:</b> 20100315184822-50		
	City Pittsburgh	State PA	Zip Code 15217-1171	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin E. Miller		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 214 Schenley Road		<b>Transaction ID:</b> 2010033012817-50		
	City Pittsburgh	State PA	Zip Code 15217-1171	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) James J. Nemeo		Date of Receipt MM / DD / YYYY 01 / 15 / 2010		
	Mailing Address 22 Maple Avenue		<b>Transaction ID:</b> 20100122165355-71		
	City Larchmont	State NY	Zip Code 10538-4041	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

**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 90 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 22 Maple Avenue

City State Zip Code  
Larchmont NY 10538-4041

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145535-71

Amount of Each Receipt this Period  
208.00

**B.**

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

Mailing Address 22 Maple Avenue

City State Zip Code  
Larchmont NY 10538-4041

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-71

Amount of Each Receipt this Period  
208.00

**C.**

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

Mailing Address 22 Maple Avenue

City State Zip Code  
Larchmont NY 10538-4041

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-71

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 91 / 165

(check only one)

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

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

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

**A.**

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

Mailing Address 22 Maple Avenue

City State Zip Code  
Larchmont NY 10538-4041

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100315184822-71

Amount of Each Receipt this Period

208.00
--------

**B.**

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

Mailing Address 22 Maple Avenue

City State Zip Code  
Larchmont NY 10538-4041

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	0

Transaction ID: 2010033012817-71

Amount of Each Receipt this Period

208.00
--------

**C.**

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

Mailing Address 10145 Wavell Road

City State Zip Code  
Fairfax VA 22032-2337

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

Name of Employer NML Occupation  
NML Regional Director

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

Date of Receipt

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

Transaction ID: 2010031219121-527

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

466.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 165

(check only one)

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

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

**A.**

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

Mailing Address 10145 Wavell Road

City State Zip Code  
Fairfax VA 22032-2337

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

Name of Employer NML Occupation  
Regional Director

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: 2010033011479-529

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code  
Whitefish Bay WI 53211-1147

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

Name of Employer NML Occupation  
EVP Ins & Tech

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 15 / 2010

Transaction ID: 20100122165433-592

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City State Zip Code  
Whitefish Bay WI 53211-1147

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

Name of Employer NML Occupation  
EVP Ins & Tech

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 31 / 2010

Transaction ID: 20100203145618-591

Amount of Each Receipt this Period  
208.00

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

466.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 165

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory C. Oberland		Date of Receipt MM / DD / YYYY 02 / 15 / 2010		
	Mailing Address 4746 N Cumberland Bl		<b>Transaction ID:</b> 20100217163117-589		
	City Whitefish Bay	State WI	Zip Code 53211-1147	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP Ins & Tech			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory C. Oberland		Date of Receipt MM / DD / YYYY 02 / 28 / 2010		
	Mailing Address 4746 N Cumberland Bl		<b>Transaction ID:</b> 20100302162117-587		
	City Whitefish Bay	State WI	Zip Code 53211-1147	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP Ins & Tech			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory C. Oberland		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 4746 N Cumberland Bl		<b>Transaction ID:</b> 2010031219121-584		
	City Whitefish Bay	State WI	Zip Code 53211-1147	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP Ins & Tech			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

**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 94 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Gregory C. Oberland  
 Mailing Address 4746 N Cumberland Bl  
 City State Zip Code  
 Whitefish Bay WI 53211-1147  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2010  
**Transaction ID:** 2010033011479-586  
 Amount of Each Receipt this Period  
 208.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation EVP Ins & Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

**B.** Full Name (Last, First, Middle Initial)  
Eric S. Olson  
 Mailing Address 127 Fairmount Road  
 City State Zip Code  
 Ridgewood NJ 07450-1422  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2010  
**Transaction ID:** 20100315184822-56  
 Amount of Each Receipt this Period  
 42.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

**C.** Full Name (Last, First, Middle Initial)  
Eric S. Olson  
 Mailing Address 127 Fairmount Road  
 City State Zip Code  
 Ridgewood NJ 07450-1422  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2010  
**Transaction ID:** 2010033012817-56  
 Amount of Each Receipt this Period  
 42.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code  
Muskego WI 53150-8303

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

Name of Employer NML Occupation VP Pos

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-744

Amount of Each Receipt this Period  
52.00

**B.** Full Name (Last, First, Middle Initial)  
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code  
Muskego WI 53150-8303

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

Name of Employer NML Occupation VP Pos

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-741

Amount of Each Receipt this Period  
52.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City State Zip Code  
Muskego WI 53150-8303

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

Name of Employer NML Occupation VP Pos

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-744

Amount of Each Receipt this Period  
52.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 156.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 01 / 15 / 2010  
Transaction ID: 20100122165433-540  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145618-539  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 02 / 15 / 2010  
Transaction ID: 20100217163117-537  
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 97 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt: 02 / 28 / 2010  
**Transaction ID:** 20100302162117-535  
 Amount of Each Receipt this Period: 208.00

**B.** Full Name (Last, First, Middle Initial)  
Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt: 03 / 12 / 2010  
**Transaction ID:** 2010031219121-533  
 Amount of Each Receipt this Period: 208.00

**C.** Full Name (Last, First, Middle Initial)  
Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City Milwaukee State WI Zip Code 53202-3979

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

Name of Employer NML Occupation EVP Ips

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt: 03 / 29 / 2010  
**Transaction ID:** 2010033011479-535  
 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 98 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charles R. Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145535-60

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles R. Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-60

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles R. Pruett

Mailing Address 224 Ensworth Place

City Nashville State TN Zip Code 37205-1922

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-60

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 165

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charles R. Pruett

Mailing Address 224 Ensworth Place

City State Zip Code  
Nashville TN 37205-1922

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 20100315184822-60

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles R. Pruett

Mailing Address 224 Ensworth Place

City State Zip Code  
Nashville TN 37205-1922

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 2010033012817-60

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 13 Brentmoor Park

City State Zip Code  
Clayton MO 63105-3067

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100122165355-2

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 100 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 13 Brentmoor Park

City State Zip Code  
Clayton MO 63105-3067

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100203145535-2

Amount of Each Receipt this Period

208.00

**B.**

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

Mailing Address 13 Brentmoor Park

City State Zip Code  
Clayton MO 63105-3067

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100217163036-2

Amount of Each Receipt this Period

208.00

**C.**

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

Mailing Address 13 Brentmoor Park

City State Zip Code  
Clayton MO 63105-3067

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100302162037-2

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 101 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 13 Brentmoor Park

City State Zip Code  
Clayton MO 63105-3067

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 20100315184822-2

Amount of Each Receipt this Period

208.00

**B.**

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

Mailing Address 13 Brentmoor Park

City State Zip Code  
Clayton MO 63105-3067

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: 2010033012817-2

Amount of Each Receipt this Period

208.00

**C.**

Full Name (Last, First, Middle Initial)  
Craig L. Quinlan

Mailing Address 2302 Court North Drive

City State Zip Code  
Melville NY 11747-8122

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 20100315184822-36

Amount of Each Receipt this Period

42.00

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

458.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Craig L. Quinlan

Mailing Address 2302 Court North Drive

City State Zip Code  
Melville NY 11747-8122

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-36

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeff D. Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code  
Houston TX 77024-5144

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-69

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeff D. Reeter

Mailing Address 7 Williamsburg Lane

City State Zip Code  
Houston TX 77024-5144

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-69

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **242.00**

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

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

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

FOR LINE NUMBER: PAGE 103 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeff D. Reeter  
Mailing Address 7 Williamsburg Lane  
City State Zip Code  
Houston TX 77024-5144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: 20100315184822-69  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Jeff D. Reeter  
Mailing Address 7 Williamsburg Lane  
City State Zip Code  
Houston TX 77024-5144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-69  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
David R. Remstad  
Mailing Address 2634 N Lake Drive  
City State Zip Code  
Milwaukee WI 53211-3837  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation  
NML VP & Chief Actuary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 354.00  
Date of Receipt 02 / 28 / 2010  
Transaction ID: 20100302162117-748  
Amount of Each Receipt this Period 59.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 259.00  
**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 104 / 165

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David R. Remstad

Mailing Address 2634 N Lake Drive

City State Zip Code  
Milwaukee WI 53211-3837

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

Name of Employer NML Occupation  
VP & Chief Actuary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 354.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 2010031219121-745

Amount of Each Receipt this Period  
59.00

**B.**

Full Name (Last, First, Middle Initial)  
David R. Remstad

Mailing Address 2634 N Lake Drive

City State Zip Code  
Milwaukee WI 53211-3837

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

Name of Employer NML Occupation  
VP & Chief Actuary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 354.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: 2010033011479-748

Amount of Each Receipt this Period  
59.00

**C.**

Full Name (Last, First, Middle Initial)  
Marcia Rimai

Mailing Address 4100 N Lake Drive

City State Zip Code  
Shorewood WI 53211-1719

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

Name of Employer NML Occupation  
EVP & Chief Admin Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 15 / 2010

Transaction ID: 20100122165433-634

Amount of Each Receipt this Period  
208.00

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

**326.00**

**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 105 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marcia Rimai		Date of Receipt MM / DD / YYYY 01 / 31 / 2010		
	Mailing Address 4100 N Lake Drive		<b>Transaction ID:</b> 20100203145618-633		
	City Shorewood	State WI	Zip Code 53211-1719	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & Chief Admin Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Marcia Rimai		Date of Receipt MM / DD / YYYY 02 / 15 / 2010		
	Mailing Address 4100 N Lake Drive		<b>Transaction ID:</b> 20100217163117-631		
	City Shorewood	State WI	Zip Code 53211-1719	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & Chief Admin Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Marcia Rimai		Date of Receipt MM / DD / YYYY 02 / 28 / 2010		
	Mailing Address 4100 N Lake Drive		<b>Transaction ID:</b> 20100302162117-628		
	City Shorewood	State WI	Zip Code 53211-1719	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation EVP & Chief Admin Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00			

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

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

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

FOR LINE NUMBER: PAGE 106 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Marcia Rimai  
Mailing Address 4100 N Lake Drive  
City Shorewood State WI Zip Code 53211-1719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation EVP & Chief Admin Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: 2010031219121-625  
Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Marcia Rimai  
Mailing Address 4100 N Lake Drive  
City Shorewood State WI Zip Code 53211-1719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation EVP & Chief Admin Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033011479-627  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.  
Mailing Address 3601 River Ridge Cove  
City Prospect State KY Zip Code 40059-8038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145535-35  
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 107 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-35

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-35

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City Prospect State KY Zip Code 40059-8038

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-35

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

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

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

FOR LINE NUMBER: PAGE 108 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John D. Rivers, Jr.  
Mailing Address 3601 River Ridge Cove  
City Prospect State KY Zip Code 40059-8038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation General Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-35  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Bethany M. Rodenhuis  
Mailing Address 3900 N Lake Drive  
City Shorewood State WI Zip Code 53211-2448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Corp Plng  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 02 / 28 / 2010  
Transaction ID: 20100302162117-629  
Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
Bethany M. Rodenhuis  
Mailing Address 3900 N Lake Drive  
City Shorewood State WI Zip Code 53211-2448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation VP Corp Plng  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: 2010031219121-626  
Amount of Each Receipt this Period 60.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City Shorewood State WI Zip Code 53211-2448

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

Name of Employer NML Occupation VP Corp Plng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 29 / 2010

**Transaction ID:** 2010033011479-629

Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
Matt Russo

Mailing Address 139 Deep Valley Road

City New Canaan State CT Zip Code 06840-2804

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 01 / 15 / 2010

**Transaction ID:** 20100122165355-63

Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Matt Russo

Mailing Address 139 Deep Valley Road

City New Canaan State CT Zip Code 06840-2804

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 01 / 31 / 2010

**Transaction ID:** 20100203145535-63

Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 476.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Matt Russo		Date of Receipt MM / DD / YYYY 02 / 15 / 2010
Mailing Address 139 Deep Valley Road		<b>Transaction ID:</b> 20100217163036-63
City New Canaan	State Zip Code CT 06840-2804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1248.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Matt Russo		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 139 Deep Valley Road		<b>Transaction ID:</b> 20100302162037-63
City New Canaan	State Zip Code CT 06840-2804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1248.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Matt Russo		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 139 Deep Valley Road		<b>Transaction ID:</b> 20100315184822-63
City New Canaan	State Zip Code CT 06840-2804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	Aggregate Year-to-Date ▼ 1248.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matt Russo		Date of Receipt
	Mailing Address 139 Deep Valley Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2010
	City	State	Zip Code
	New Canaan	CT	06840-2804
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010033012817-63
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text"/> 208.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1248.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) R. P. Sarnecki		Date of Receipt
	Mailing Address 16004 King Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 15 / 2010
	City	State	Zip Code
	Overland Park	KS	66062-7508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100217163036-46
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 600.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) R. P. Sarnecki		Date of Receipt
	Mailing Address 16004 King Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 28 / 2010
	City	State	Zip Code
	Overland Park	KS	66062-7508
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100302162037-46
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 600.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 408.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 165  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
R. P. Sarnecki

Mailing Address 16004 King Street

City State Zip Code  
Overland Park KS 66062-7508

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 20100315184822-46

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
R. P. Sarnecki

Mailing Address 16004 King Street

City State Zip Code  
Overland Park KS 66062-7508

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: 2010033012817-46

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 8 Benedek Road

City State Zip Code  
Princeton NJ 08540-2227

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 15 / 2010

Transaction ID: 20100122165355-5

Amount of Each Receipt this Period  
208.00

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

408.00

**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 113 / 165  
(check only one)

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

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

**A.**

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

Mailing Address 8 Benedek Road

City State Zip Code  
Princeton NJ 08540-2227

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

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

Transaction ID: 20100203145535-5

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph M. Savino

Mailing Address 8 Benedek Road

City State Zip Code  
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 0

Transaction ID: 20100217163036-5

Amount of Each Receipt this Period

208.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph M. Savino

Mailing Address 8 Benedek Road

City State Zip Code  
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: 20100302162037-5

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 114 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Joseph M. Savino

Mailing Address 8 Benedek Road

City State Zip Code  
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-5

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph M. Savino

Mailing Address 8 Benedek Road

City State Zip Code  
Princeton NJ 08540-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-5

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code  
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
NML Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163117-856

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **486.00**

**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 115 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code  
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162117-853

Amount of Each Receipt this Period  
70.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code  
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 2010031219121-850

Amount of Each Receipt this Period  
70.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City State Zip Code  
Whitefish Bay WI 53217-5381

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-853

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **210.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
John E. Schlifske

Mailing Address 1500 Greenway Terrace

City State Zip Code  
Elm Grove WI 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 20100122165433-769

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
John E. Schlifske

Mailing Address 1500 Greenway Terrace

City State Zip Code  
Elm Grove WI 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 0

Transaction ID: 20100203145618-768

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
John E. Schlifske

Mailing Address 1500 Greenway Terrace

City State Zip Code  
Elm Grove WI 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 0

Transaction ID: 20100217163117-766

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 117 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
John E. Schlifske

Mailing Address 1500 Greenway Terrace

City Elm Grove State WI Zip Code 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	0

**Transaction ID:** 20100302162117-763

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
John E. Schlifske

Mailing Address 1500 Greenway Terrace

City Elm Grove State WI Zip Code 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

**Transaction ID:** 2010031219121-760

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
John E. Schlifske

Mailing Address 1500 Greenway Terrace

City Elm Grove State WI Zip Code 53122-1611

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

**Transaction ID:** 2010033011479-763

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 118 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Calvin R. Schmidt

Mailing Address W205 Allen Road

City Oconomowoc State WI Zip Code 53066-9048

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 02 / 28 / 2010

**Transaction ID:** 20100302162117-791

Amount of Each Receipt this Period 57.00

**B.** Full Name (Last, First, Middle Initial)  
Calvin R. Schmidt

Mailing Address W205 Allen Road

City Oconomowoc State WI Zip Code 53066-9048

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 03 / 12 / 2010

**Transaction ID:** 2010031219121-788

Amount of Each Receipt this Period 57.00

**C.** Full Name (Last, First, Middle Initial)  
Calvin R. Schmidt

Mailing Address W205 Allen Road

City Oconomowoc State WI Zip Code 53066-9048

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Inv Prod Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 03 / 29 / 2010

**Transaction ID:** 2010033011479-791

Amount of Each Receipt this Period 57.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 171.00

**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 119 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial) Todd M. Schoon		Date of Receipt MM / DD / YYYY 01 / 15 / 2010	
Mailing Address 923 E Kilbourn Avenue U		<b>Transaction ID:</b> 20100122165433-1081	
City Milwaukee	State WI	Zip Code 53202-3493	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Sr VP Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

**B.**

Full Name (Last, First, Middle Initial) Todd M. Schoon		Date of Receipt MM / DD / YYYY 01 / 31 / 2010	
Mailing Address 923 E Kilbourn Avenue U		<b>Transaction ID:</b> 20100203145618-1079	
City Milwaukee	State WI	Zip Code 53202-3493	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Sr VP Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

**C.**

Full Name (Last, First, Middle Initial) Todd M. Schoon		Date of Receipt MM / DD / YYYY 02 / 15 / 2010	
Mailing Address 923 E Kilbourn Avenue U		<b>Transaction ID:</b> 20100217163117-1075	
City Milwaukee	State WI	Zip Code 53202-3493	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer NML	Occupation Sr VP Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code  
Milwaukee WI 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
Sr VP Agencies

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: 20100302162117-1072

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code  
Milwaukee WI 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
Sr VP Agencies

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 2010031219121-1068

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City State Zip Code  
Milwaukee WI 53202-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
Sr VP Agencies

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 0

Transaction ID: 2010033011479-1072

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 121 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Brad P. Seitzinger	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 1672 Chieftan Circle	<b>Transaction ID:</b> 20100302162037-49
	City State Zip Code Oxford MI 48371-6095	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brad P. Seitzinger	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 1672 Chieftan Circle	<b>Transaction ID:</b> 20100315184822-49
	City State Zip Code Oxford MI 48371-6095	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brad P. Seitzinger	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 1672 Chieftan Circle	<b>Transaction ID:</b> 2010033012817-49
	City State Zip Code Oxford MI 48371-6095	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 165		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David W. Simbro		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 311 E Erie Street Unit 4		<b>Transaction ID:</b> 2010033011479-1061		
	City Milwaukee	State WI	Zip Code 53202-6040	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP Life Products			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert L. Spinks		Date of Receipt MM / DD / YYYY 03 / 12 / 2010		
	Mailing Address 305 Waterbury Cove		<b>Transaction ID:</b> 20100315184822-12		
	City Jackson	State MS	Zip Code 39232-8692	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert L. Spinks		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 305 Waterbury Cove		<b>Transaction ID:</b> 2010033012817-12		
	City Jackson	State MS	Zip Code 39232-8692	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	119.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code  
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** 2010031219121-525

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul J. Steffen

Mailing Address 10502 N Stone Creek

City State Zip Code  
Mequon WI 53092-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Agencies

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** 2010033011479-527

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Daphne C. Stroud

Mailing Address 150 Fernwood Drive

City State Zip Code  
East Greenwich RI 02818-1616

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 ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** 20100315184822-65

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **142.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Daphne C. Stroud

Mailing Address 150 Fernwood Drive

City State Zip Code  
East Greenwich RI 02818-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-65

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 2613 N Dundee Street

City State Zip Code  
Tampa FL 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-15

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 2613 N Dundee Street

City State Zip Code  
Tampa FL 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-15

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 182.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 2613 N Dundee Street

City Tampa State FL Zip Code 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt MM / DD / YYYY 03 / 12 / 2010

**Transaction ID:** 20100315184822-15

Amount of Each Receipt this Period 70.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 2613 N Dundee Street

City Tampa State FL Zip Code 33629-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt MM / DD / YYYY 03 / 29 / 2010

**Transaction ID:** 2010033012817-15

Amount of Each Receipt this Period 70.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael F. Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt MM / DD / YYYY 03 / 12 / 2010

**Transaction ID:** 20100315184822-32

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 182.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael F. Tews

Mailing Address 609 S 249th Circle

City Waterloo State NE Zip Code 68069-4432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-32  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City Castle Rock State CO Zip Code 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 01 / 15 / 2010  
Transaction ID: 20100122165355-42  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City Castle Rock State CO Zip Code 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145535-42  
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 127 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code  
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-42

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code  
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-42

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code  
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-42

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 128 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City State Zip Code  
Castle Rock CO 80108-9148

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-42

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
Alessandro J. Tronco

Mailing Address 5 N Point Drive

City State Zip Code  
Cohoes NY 12047-3823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-67

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Alessandro J. Tronco

Mailing Address 5 N Point Drive

City State Zip Code  
Cohoes NY 12047-3823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-67

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 292.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code  
Mc Lean VA 22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-58

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code  
Mc Lean VA 22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-58

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code  
Mc Lean VA 22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-58

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Leo C. Tucker

Mailing Address 605 Potomac River Road

City State Zip Code  
Mc Lean VA 22102-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

Transaction ID: 2010033012817-58

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code  
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
VP Public Equities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

Transaction ID: 20100302162117-617

Amount of Each Receipt this Period  
62.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code  
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
VP Public Equities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: 2010031219121-614

Amount of Each Receipt this Period  
62.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 199.00

**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 131 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City State Zip Code  
Whitefish Bay WI 53211-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Public Equities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033011479-616

Amount of Each Receipt this Period  
62.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code  
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-26

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code  
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-26

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 262.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code  
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

Transaction ID: 20100315184822-26

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert J. Waltos, Jr.

Mailing Address 7 Castaways N

City State Zip Code  
Newport Beach CA 92660-8403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: 2010033012817-26

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Alison Watson

Mailing Address 629 Constitution Avenue

City State Zip Code  
Washington DC 20002-6086

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
NML Dir Fed Relations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

Transaction ID: 2010031219121-1036

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

250.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Alison Watson  
Mailing Address 629 Constitution Avenue  
City Washington State DC Zip Code 20002-6086  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Dir Fed Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033011479-1040  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
John A. Williamson, Jr.  
Mailing Address 608 Euclid Avenue  
City Birmingham State AL Zip Code 35213-2518  
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 ▼ 1248.00  
Date of Receipt 01 / 15 / 2010  
Transaction ID: 20100122165355-11  
Amount of Each Receipt this Period 208.00

**C.** Full Name (Last, First, Middle Initial)  
John A. Williamson, Jr.  
Mailing Address 608 Euclid Avenue  
City Birmingham State AL Zip Code 35213-2518  
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 ▼ 1248.00  
Date of Receipt 01 / 31 / 2010  
Transaction ID: 20100203145535-11  
Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 466.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
John A. Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

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 ▼ 1248.00

Date of Receipt 02 / 15 / 2010

Transaction ID: 20100217163036-11

Amount of Each Receipt this Period 208.00

**B.**

Full Name (Last, First, Middle Initial)  
John A. Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

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 ▼ 1248.00

Date of Receipt 02 / 28 / 2010

Transaction ID: 20100302162037-11

Amount of Each Receipt this Period 208.00

**C.**

Full Name (Last, First, Middle Initial)  
John A. Williamson, Jr.

Mailing Address 608 Euclid Avenue

City Birmingham State AL Zip Code 35213-2518

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 ▼ 1248.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 20100315184822-11

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 135 / 165
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John A. Williamson, Jr.	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 608 Euclid Avenue	<b>Transaction ID:</b> 2010033012817-11
	City State Zip Code Birmingham AL 35213-2518	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James R. Worrell	Date of Receipt MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 2218 Hopedale Avenue	<b>Transaction ID:</b> 20100122165355-4
	City State Zip Code Charlotte NC 28207-2130	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James R. Worrell	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 2218 Hopedale Avenue	<b>Transaction ID:</b> 20100203145535-4
	City State Zip Code Charlotte NC 28207-2130	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
James R. Worrell

Mailing Address 2218 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-4

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
James R. Worrell

Mailing Address 2218 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-4

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
James R. Worrell

Mailing Address 2218 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 20100315184822-4

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 137 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
James R. Worrell

Mailing Address 2218 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 2010033012817-4

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
John W. Wright, II

Mailing Address 4463 Jett Road Northwest

City State Zip Code  
Atlanta GA 30327-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163036-48

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
John W. Wright, II

Mailing Address 4463 Jett Road Northwest

City State Zip Code  
Atlanta GA 30327-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010

**Transaction ID:** 20100302162037-48

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **408.00**

**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 138 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
John W. Wright, II  
Mailing Address 4463 Jett Road Northwest

City State Zip Code  
Atlanta GA 30327-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010  
Transaction ID: 20100315184822-48  
Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
John W. Wright, II  
Mailing Address 4463 Jett Road Northwest

City State Zip Code  
Atlanta GA 30327-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010  
Transaction ID: 2010033012817-48  
Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Conrad C. York  
Mailing Address 522 Heather Lane

City State Zip Code  
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation  
NML VP Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2010  
Transaction ID: 20100302162117-769  
Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 165

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code  
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: 2010031219121-766

Amount of Each Receipt this Period  
55.00

**B.**

Full Name (Last, First, Middle Initial)  
Conrad C. York

Mailing Address 522 Heather Lane

City State Zip Code  
Wales WI 53183-9768

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: 2010033011479-769

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City State Zip Code  
Whitefish Bay WI 53217-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation VP Govt Rel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2010

Transaction ID: 20100302162117-956

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

170.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 165  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael L. Youngman  
 Mailing Address 716 E Sylvan Avenue  
 City State Zip Code  
 Whitefish Bay WI 53217-5350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00  
 Date of Receipt MM / DD / YYYY 03 / 12 / 2010  
**Transaction ID:** 2010031219121-953  
 Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
Michael L. Youngman  
 Mailing Address 716 E Sylvan Avenue  
 City State Zip Code  
 Whitefish Bay WI 53217-5350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation VP Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00  
 Date of Receipt MM / DD / YYYY 03 / 29 / 2010  
**Transaction ID:** 2010033011479-957  
 Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
T. Scott Zach  
 Mailing Address 6630 County Creek Lane  
 City State Zip Code  
 Cedar Rapids IA 52403-7023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation General Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00  
 Date of Receipt MM / DD / YYYY 03 / 12 / 2010  
**Transaction ID:** 20100315184822-62  
 Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 162.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
T. Scott Zach

Mailing Address 6630 County Creek Lane

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 ▼ 252.00

Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033012817-62  
Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City Shorewood State WI Zip Code 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2010  
Transaction ID: 2010031219121-793  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City Shorewood State WI Zip Code 53211-2652

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2010  
Transaction ID: 2010033011479-796  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 142.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial)  
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code  
River Hills WI 53217-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** 20100122165433-1015

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code  
River Hills WI 53217-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2010

**Transaction ID:** 20100203145618-1013

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code  
River Hills WI 53217-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer NML Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** 20100217163117-1010

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 143 / 165  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 2505 W Dean Road		<b>Transaction ID:</b> 20100302162117-1007
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

**B.**

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 2505 W Dean Road		<b>Transaction ID:</b> 2010031219121-1003
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

**C.**

Full Name (Last, First, Middle Initial) Edward J. Zore		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 2505 W Dean Road		<b>Transaction ID:</b> 2010033011479-1007
City River Hills	State WI	Zip Code 53217-2010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
Name of Employer NML	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 165
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt
	Mailing Address 104 Wildwood Drive		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Avon	CT	06001-4413
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100122165355-25
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text" value="208.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1248.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt
	Mailing Address 104 Wildwood Drive		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Avon	CT	06001-4413
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100203145535-25
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text" value="208.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1248.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt
	Mailing Address 104 Wildwood Drive		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Avon	CT	06001-4413
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100217163036-25
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		General Insurance Agent	<input type="text" value="208.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1248.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="624.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.**

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 104 Wildwood Drive		<b>Transaction ID:</b> 20100302162037-25
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

**B.**

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 104 Wildwood Drive		<b>Transaction ID:</b> 20100315184822-25
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

**C.**

Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address 104 Wildwood Drive		<b>Transaction ID:</b> 2010033012817-25
City Avon	State CT	Zip Code 06001-4413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	54199.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 165  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Friends of Chris Dodd

Mailing Address PO Box 270701

City State Zip Code  
West Hartford CT 06127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: 26F74C86C7011A60219

Amount of Each Receipt this Period  
5000.00

Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p>	<p><b>Transaction ID:</b> 3183E625716E7281757</p> <p>Date of Disbursement 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Bankers Association PAC (BANKPAC)</p> <p>Mailing Address 1120 Connecticut Avenue NW Suite 600</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name American Bankers Association PAC (BANKPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> EB5E9D3A489D2E24666</p> <p>Date of Disbursement 01 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Council of Life Insurers Political Action Committee</p> <p>Mailing Address 101 Constitution Ave., NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name American Council of Life Insurers Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> 501D6BCBED31B58D6FB</p> <p>Date of Disbursement 01 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BADGERPAC</b> <hr/> Mailing Address 1831 Bay Street, SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement 2010 Contribution Candidate Name BADGERPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution 	Transaction ID: 99187ABED432D884F9A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Barney Frank for Congress Committee</b> <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 Purpose of Disbursement 2010 General Candidate Name Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04	Transaction ID: 0BB499FB9072E76245C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Barney Frank for Congress Committee</b> <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 Purpose of Disbursement 2010 Primary Candidate Name Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 04	Transaction ID: A41D02ACD54B1516206 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Becerra for Congress <hr/> Mailing Address PO Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9F91D41D78F3B9DFA34 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael N. Castle <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A323149E437D42FBC5F Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Tom Petri <hr/> Mailing Address PO Box 270 <hr/> City Fond Du Lac State WI Zip Code 54936 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Thomas E. Petri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EC3923ECA74F2CB7994 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) DAKPAC <hr/> Mailing Address 607 14th Street, NW, Suite 800 <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement 2010 Contribution Candidate Name DAKPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution 	Transaction ID: 534D16E4E93B2560BBA Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District: Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 Purpose of Disbursement 2010 General Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: FB2508DC8D9863D43ED Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04
<b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 Purpose of Disbursement 2010 Primary Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: E2484B1A3CA2AD63BE8 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04

**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)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 2E1E225BA9CAD1972EE <b>Date of Disbursement</b> 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 7500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin</p> <p>Mailing Address 110 King Street Suite 203</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Democratic Party of Wisconsin</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 3A6486873523C49340E <b>Date of Disbursement</b> 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin</p> <p>Mailing Address 110 King Street Suite 203</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Democratic Party of Wisconsin</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p> <p>State: District:</p>	<p><b>Transaction ID:</b> CD6ADDDF862DE1583DC <b>Date of Disbursement</b> 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee</p> <p>Mailing Address PO Box 6545</p> <p>City Visalia State CA Zip Code 93290</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Devin G. Nunes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EC501EAE8CB1C6DFC2A</p> <p>Date of Disbursement MM / DD / YYYY 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7DAB78061A987E4AECC</p> <p>Date of Disbursement MM / DD / YYYY 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ed Royce for Congress</p> <p>Mailing Address PO Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4C09D2B3E3F1F5EA42</p> <p>Date of Disbursement MM / DD / YYYY 01 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type 011</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**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)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Financial Services Roundtable PAC</p> <p>Mailing Address 1001 Pennsylvania Avenue, NW Suite 500 South</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Financial Services Roundtable PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> DDB6C01F947C8C9DF52</p> <p>Date of Disbursement 01 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2CEE2D0D97BE0CC063E</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2A82B299BFD50BC86D5</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 154 / 165

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid <hr/> Mailing Address PO Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement 2010 General Candidate Name Harry M. Reid <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 081F734FDC1D8164D6F Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza <hr/> Mailing Address PO Box 2749 <hr/> City Merced State CA Zip Code 95340 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Dennis A. Cardoza <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAD8127267215B310FB Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2010 General Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7DBEAED3237D12A7F4D Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 82E8C852C04960ED12E Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement 2010 General Candidate Name Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8AAE7A0A166C5351F28 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8900FDC73BE7C9233C7 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Voided 2/25/09 Disbursement</p> <p>Candidate Name Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2F0B3CD301FE0D96775</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Glacier PAC</p> <p>Mailing Address 3242 Cummins Way Suite 603</p> <p>City Missoula State MT Zip Code 59802</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Glacier PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 1813CA484FBE248EDD5</p> <p>Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Grassroots Organizing Acting &amp; Leading PAC - GOALPAC</p> <p>Mailing Address PO Box 30344</p> <p>City Bethesda State MD Zip Code 20824</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Grassroots Organizing Acting &amp; Leading PAC - GOALPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> DFFA30BB1CD8B6BD0BF</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>4500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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

A.	Full Name (Last, First, Middle Initial) Hawkeye PAC, The	Transaction ID: 1067F93ACC55787A015
	Mailing Address PO Box 7255	Date of Disbursement 01 / 29 / 2010
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2010 Contribution	011 Category/ Type
	Candidate Name Hawkeye PAC, The	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hoeven for Senate	Transaction ID: 495275B0D3B45FC509C
	Mailing Address PO Box 15114	Date of Disbursement 03 / 01 / 2010
	City Arlington State VA Zip Code 22215	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2010 Primary	011 Category/ Type
	Candidate Name John Hoeven	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ND District:	

C.	Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: BE015D158990AECBAA4
	Mailing Address PO Box 12667	Date of Disbursement 02 / 25 / 2010
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/ Type
	Candidate Name Kevin McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 22	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kosmas for Congress <hr/> Mailing Address PO Box 1547 <hr/> City New Smyrna Beach State FL Zip Code 32170 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Suzanne M. Kosmas <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1F24E63EF8DEF5E0C69 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Moore for Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement 2010 General Candidate Name Gwendolynne Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F28A4387ADA2CEF744B Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name National Republican Congressional Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 45211DDB9F58DA96880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 7500.00
	Category/ Type 011
	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee AKA NDC PAC Mailing Address 607 14th Street NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2010 Contribution Candidate Name New Democrat Coalition Political Action Committee AKA NDC PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: D678779F2CA1A95B93F Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Oliverio for Congress Mailing Address 1199 Van Voorhis Rd Suite 6 City Morgantown State WV Zip Code 26505 Purpose of Disbursement 2010 Primary Candidate Name Michael A. Oliverio, II Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 01	Transaction ID: BA4036F81CE4DFB32B0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Oliverio for Congress Mailing Address 1199 Van Voorhis Rd Suite 6 City Morgantown State WV Zip Code 26505 Purpose of Disbursement 2010 Primary Candidate Name Michael A. Oliverio, II Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 01	Transaction ID: FD3C017C6ACC2084C8A Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski</p> <p>Mailing Address 103 South Hanover Street</p> <p>City Nanticoke State PA Zip Code 18634</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Paul E. Kanjorski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 11</p>	<p><b>Transaction ID:</b> F2B881AFD2236C1DC3F</p> <p>Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Prosperity PAC</p> <p>Mailing Address 1006 Pendleton Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Prosperity PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> A945A9638500B3AE6C4</p> <p>Date of Disbursement 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Richard Burr Committee, The</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District:</p>	<p><b>Transaction ID:</b> E336A9A0504AE7C17ED</p> <p>Date of Disbursement 01 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

10000.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee, The <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard M. Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2D116CA1B288796BECE Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement 2010 General Candidate Name Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 063AB8A0F874E29995D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FA6717A92E1C5437B82 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Northwestern Mutual Life Insurance Company Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Roskam for Congress Committee <hr/> Mailing Address PO Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement 2010 General Candidate Name Peter J. Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Transaction ID: E6976E6BE261E7C4D90 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Securities Industry and Financial Markets Association Political Action Committee <hr/> Mailing Address 1101 New York Avenue, NW 8th Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Securities Industry and Financial Markets Associat- ion Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 306F9072D9674EA5670 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Shelby for U S Senate <hr/> Mailing Address Post Office Box 1091 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard C. Shelby <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Transaction ID: A936503B6A6011EEB85 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Shelby for U S Senate <hr/> Mailing Address Post Office Box 1091 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement 2010 General Candidate Name Richard C. Shelby <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Transaction ID: 5953C9D047FF9BCFADF Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress <hr/> Mailing Address PO Box 11519 <hr/> City Charleston State WV Zip Code 25339 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Shelley Moore Capito <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 02	Transaction ID: 329536407CA547E27D4 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress <hr/> Mailing Address PO Box 696 <hr/> City Madison State WI Zip Code 53701 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Tammy Baldwin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 02	Transaction ID: 5806C6473B0C4950B78 Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement  
2010 General

Candidate Name  
Pat Tiberi

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Transaction ID: 86F91B4815811847716

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 165 / 165

<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

A.

Full Name (Last, First, Middle Initial)

Association of California Life & Health Insurance Companies PAC

Mailing Address 1201 K Street  
Suite 1820

City Sacramento State CA Zip Code 95814-3918

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 30579B727E75C713F66

Date of Disbursement

02 / 01 / 2010

Amount of Each Disbursement this Period

6500.00

B.

Full Name (Last, First, Middle Initial)

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

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 42AB2265D64C684D082

Date of Disbursement

02 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11500.00

TOTAL This Period (last page this line number only) .....

11500.00