

# 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 04 01 2010 through 04 30 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 05 10 2010

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

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

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

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

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 .....	151642.43									
(c) Total Receipts (from Line 19) .....	29873.95	125155.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	181516.38	308714.04								
7. Total Disbursements (from Line 31) .....	39569.83	166767.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	141946.55	141946.55								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	23335.00	77534.00
(ii) Unitemized .....	6537.84	42616.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29872.84	120150.86
(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) .....	29872.84	120150.86
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1.11	4.96
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)) .....	29873.95	125155.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29873.95	125155.82

**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.....	69.83	267.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	69.83	267.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39500.00	155000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	11500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39569.83	166767.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39569.83	166767.49

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	29872.84	120150.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29872.84	120150.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	69.83	267.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	69.83	267.49

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<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) Jerome R. Baier		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 19820 Tralee Court		<b>Transaction ID:</b> 2010041495740-701		
	City Brookfield	State WI	Zip Code 53045-2129	Amount of Each Receipt this Period 51.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 408.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerome R. Baier		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 19820 Tralee Court		<b>Transaction ID:</b> 201004301912-700		
	City Brookfield	State WI	Zip Code 53045-2129	Amount of Each Receipt this Period 51.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 408.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary H. Barsness		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 1671 Deer Springs Circle		<b>Transaction ID:</b> 2010041519034-7		
	City Bettendorf	State IA	Zip Code 52722-7148	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 ▼ 336.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	144.00
<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 7 / 93

(check only one)

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

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

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

Mailing Address 1671 Deer Springs Circle

City State Zip Code  
Bettendorf IA 52722-7148

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-7

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code  
Burke VA 22015-2188

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation  
VP Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-556

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code  
Burke VA 22015-2188

FEC ID number of contributing federal political committee. C

Name of Employer NML Occupation  
VP Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-555

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... 112.00

**TOTAL** This Period (last page this line 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 / 93		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Blaise C. Beaulier		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 23300 Dover Line Road		<b>Transaction ID:</b> 201004301912-968		
	City Waterford	State WI	Zip Code 53185-4908	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation VP IS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mitchell C Beer		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 3387 Hampton Court		<b>Transaction ID:</b> 2010041519034-44		
	City Thousand Oaks	State CA	Zip Code 91362-1130	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 336.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mitchell C Beer		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 3387 Hampton Court		<b>Transaction ID:</b> 2010043019035-44		
	City Thousand Oaks	State CA	Zip Code 91362-1130	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 336.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<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 9 / 93		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John P. Bender		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 116 Belden Hill Road		<b>Transaction ID:</b> 2010041519034-47		
	City Wilton	State CT	Zip Code 06897-2911	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer Self-Employed Self-Employed		Occupation General Insurance Agent		

<b>B.</b>	Full Name (Last, First, Middle Initial) John P. Bender		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 116 Belden Hill Road		<b>Transaction ID:</b> 2010043019035-47		
	City Wilton	State CT	Zip Code 06897-2911	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer Self-Employed Self-Employed		Occupation General Insurance Agent		

<b>C.</b>	Full Name (Last, First, Middle Initial) Beth M. Berger		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 4141 N Murray Avenue		<b>Transaction ID:</b> 2010041495740-552		
	City Shorewood	State WI	Zip Code 53211-2011	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00		
	Name of Employer NML		Occupation Asst Gc & Asst Sec		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Beth M. Berger	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 4141 N Murray Avenue	<b>Transaction ID:</b> 201004301912-551
	City State Zip Code Shorewood WI 53211-2011	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Asst Gc & Asst Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dwaan C Black	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 3520 Dumbarton Drive	<b>Transaction ID:</b> 2010041519034-40
	City State Zip Code Atlanta GA 30327-2614	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dwaan C Black	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3520 Dumbarton Drive	<b>Transaction ID:</b> 2010043019035-40
	City State Zip Code Atlanta GA 30327-2614	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	114.00
<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 11 / 93
	<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) Debra Blevons Wascher		Date of Receipt
	Mailing Address 165 S Pine Court		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Appleton	WI	54914-8222
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041519034-72
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="42.00"/>
		<input type="text" value="336.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Debra Blevons Wascher		Date of Receipt
	Mailing Address 165 S Pine Court		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Appleton	WI	54914-8222
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010043019035-72
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="42.00"/>
		<input type="text" value="336.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy J. Bohannon		Date of Receipt
	Mailing Address 8677 Alvarado Court		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Inver Grove	MN	55077-3121
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041519034-22
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="208.00"/>
		<input type="text" value="1664.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="292.00"/>
<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 12 / 93  
(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  
General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-22

Amount of Each Receipt this Period  
208.00

**B.**

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  
Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-38

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 State Zip Code  
Walnut Creek CA 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-38

Amount of Each Receipt this Period  
125.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 93

(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 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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-975

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-973

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 ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-54

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 14 / 93  
(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)  
Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City Bozeman State MT Zip Code 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 ▼ 336.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** 2010043019035-54

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 Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041519034-53

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 Amherst State NH Zip Code 03031-2554

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** 2010043019035-53

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: (check only one)	PAGE 15 / 93
	<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) Eric P. Christophersen	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Mailing Address N55 W21701 Adamdale	<b>Transaction ID:</b> 2010041495740-702
	City State Zip Code Menomonee Fal WI 53051	Amount of Each Receipt this Period 53.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation VP Compliance/Bp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 424.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eric P. Christophersen	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Mailing Address N55 W21701 Adamdale	<b>Transaction ID:</b> 201004301912-701
	City State Zip Code Menomonee Fal WI 53051	Amount of Each Receipt this Period 53.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation VP Compliance/Bp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 424.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David D. Clark	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Mailing Address 923 E Kilbourn	<b>Transaction ID:</b> 2010041495740-676
	City State Zip Code Milwaukee WI 53202-3493	Amount of Each Receipt this Period 118.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation Svp Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 944.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	224.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<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) David D. Clark		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 923 E Kilbourn		<b>Transaction ID:</b> 201004301912-675		
	City Milwaukee	State WI	Zip Code 53202-3493	Amount of Each Receipt this Period 118.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Svp Real Estate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 944.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 907 Williamson Drive		<b>Transaction ID:</b> 2010041519034-16		
	City Raleigh	State NC	Zip Code 27608-2307	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1664.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard M. Condrey		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 907 Williamson Drive		<b>Transaction ID:</b> 2010043019035-16		
	City Raleigh	State NC	Zip Code 27608-2307	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation General Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1664.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	534.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 2961 Belclaire Drive		<b>Transaction ID:</b> 2010041519034-43		
	City Frisco	State TX	Zip Code 75034-5969	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1664.00		
	Name of Employer Self-Employed Occupation General Insurance Agent		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) C. T. Cruse		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 2961 Belclaire Drive		<b>Transaction ID:</b> 2010043019035-43		
	City Frisco	State TX	Zip Code 75034-5969	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1664.00		
	Name of Employer Self-Employed Occupation General Insurance Agent		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian R. Cunningham		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 6251 S Billings Way		<b>Transaction ID:</b> 2010041519034-37		
	City Centennial	State CO	Zip Code 80111-6009	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer Self-Employed Occupation General Insurance Agent		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 93  
(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 R. Cunningham

Mailing Address 6251 S Billings Way

City State Zip Code  
Centennial CO 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 ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-37

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 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 ▼  
1352.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-579

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 ▼  
1352.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-578

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 19 / 93  
(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)  
Lew D. Derrickson

Mailing Address 5799 Sunset Lane

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041519034-14

Amount of Each Receipt this Period 208.00

**B.**

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

Mailing Address 5799 Sunset Lane

City Indianapolis State IN Zip Code 46228-1447

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** 2010043019035-14

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 River Hills State WI Zip Code 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 ▼ 1664.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041495740-849

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 20 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mark G. Doll  
 Mailing Address 8420 N Pelican Lane  
 City State Zip Code  
 River Hills WI 53217-2058  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0  
**Transaction ID:** 201004301912-848  
 Amount of Each Receipt this Period  
 208.00  
 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 ▼ 1664.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
 Mailing Address 9 Falcon Drive  
 City State Zip Code  
 Mandeville LA 70471-2952  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 5 / 2 0 1 0  
**Transaction ID:** 2010041519034-41  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1664.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Dugal  
 Mailing Address 9 Falcon Drive  
 City State Zip Code  
 Mandeville LA 70471-2952  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0  
**Transaction ID:** 2010043019035-41  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1664.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 93  
(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. Dunn

Mailing Address N71W31034 Lower Club

City State Zip Code  
Hartland WI 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 ▼ 296.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-630

Amount of Each Receipt this Period  
37.00

**B.**

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

Mailing Address N71W31034 Lower Club

City State Zip Code  
Hartland WI 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 ▼ 296.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-629

Amount of Each Receipt this Period  
37.00

**C.**

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

Mailing Address 2520 Hanford Lane

City State Zip Code  
Aurora IL 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 ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-45

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **224.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James R. 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 ▼ 1200.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: 2010043019035-45  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Ralph David Ells  
Mailing Address 9927 N Valley Hill D  
City Mequon State WI Zip Code 53092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00  
Date of Receipt 04 / 15 / 2010  
Transaction ID: 2010041495740-889  
Amount of Each Receipt this Period 38.00

**C.** Full Name (Last, First, Middle Initial)  
Ralph David Ells  
Mailing Address 9927 N Valley Hill D  
City Mequon State WI Zip Code 53092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: 201004301912-887  
Amount of Each Receipt this Period 38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 226.00  
**TOTAL** This Period (last page this line 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 / 93  
(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)  
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  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-31

Amount of Each Receipt this Period  
42.00

**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  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-31

Amount of Each Receipt this Period  
42.00

**C.**

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  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-30

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **154.00**

**TOTAL** This Period (last page this line 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 / 93  
(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 ▼  
560.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-30

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 ▼  
680.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-917

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 ▼  
680.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-915

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 25 / 93  
(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 ▼ 1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-34

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 ▼ 1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-34

Amount of Each Receipt this Period  
208.00

**C.**

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 ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-55

Amount of Each Receipt this Period  
42.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 93  
(check only one)

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

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

**A.**

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

Mailing Address 115 Hillside Road

City State Zip Code  
Mechanicsburg PA 17050-1728

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-55

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 ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-57

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 ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-57

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 27 / 93  
(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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-29

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-29

Amount of Each Receipt this Period  
125.00

**C.**

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

Mailing Address 5735 N Crestwood Blv

City State Zip Code  
Glendale WI 53209-4309

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

Name of Employer NML Occupation  
NML Asst Gc & Asst Sec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-1039

Amount of Each Receipt this Period  
27.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 93

(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) Mitchell B. Glover		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 6700 Old Darby Trail Northeast		<b>Transaction ID:</b> 2010041519034-27		
	City Ada	State MI	Zip Code 49301-8360	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Self-Employed		Occupation General Insurance Agent		

Aggregate Year-to-Date ▼	1000.00
--------------------------	---------

<b>B.</b>	Full Name (Last, First, Middle Initial) Mitchell B. Glover		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 6700 Old Darby Trail Northeast		<b>Transaction ID:</b> 2010043019035-27		
	City Ada	State MI	Zip Code 49301-8360	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Self-Employed		Occupation General Insurance Agent		

Aggregate Year-to-Date ▼	1000.00
--------------------------	---------

<b>C.</b>	Full Name (Last, First, Middle Initial) Kimberley Goode		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 2485 W Fairy Chasm R		<b>Transaction ID:</b> 2010041495740-571		
	City River Hills	State WI	Zip Code 53217	Amount of Each Receipt this Period 63.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer NML		Occupation VP Comm		

Aggregate Year-to-Date ▼	504.00
--------------------------	--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>313.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 93  
(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 NML Occupation VP Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 201004301912-570

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 Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041519034-39

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 Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-39

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: (check only one)	PAGE 30 / 93
	<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 M. Grogan		Date of Receipt																					
	Mailing Address 706 W Acacia Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	5		2	0	1	0														
City State Zip Code Glendale WI 53217-4008		<b>Transaction ID:</b> 2010041495740-1016																						
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 88.00																						
Name of Employer NML Occupation Pres & CEO Wealth Mgmt																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 704.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) John M. Grogan		Date of Receipt																					
	Mailing Address 706 W Acacia Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		3	0		2	0	1	0														
City State Zip Code Glendale WI 53217-4008		<b>Transaction ID:</b> 201004301912-1014																						
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 88.00																						
Name of Employer NML Occupation Pres & CEO Wealth Mgmt																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 704.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Jon P. Gruenstern		Date of Receipt																					
	Mailing Address 2155 Hickory Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	5		2	0	1	0														
City State Zip Code Oshkosh WI 54901-2581		<b>Transaction ID:</b> 2010041519034-8																						
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00																						
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 ▼ 336.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	218.00
<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 31 / 93

(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)

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 Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-8

Amount of Each Receipt this Period

42.00

**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 Occupation  
NML VP-New Business

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 432.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-645

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 Occupation  
NML VP-New Business

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 432.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-644

Amount of Each Receipt this Period

54.00

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

150.00

**TOTAL** This Period (last page this line 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 / 93

(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)  
Stephen T. Guinan

Mailing Address 126 Waverly Circle

City State Zip Code  
Phoenixville PA 19460-2500

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-52

Amount of Each Receipt this Period

42.00

**B.**

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

Mailing Address 126 Waverly Circle

City State Zip Code  
Phoenixville PA 19460-2500

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-52

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)  
Kevin J. Hassan

Mailing Address 804 Montparnasse Place

City State Zip Code  
Newtown Sq PA 19073-2623

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-28

Amount of Each Receipt this Period

125.00

**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: PAGE 33 / 93

(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)  
Kevin J. Hassan

Mailing Address 804 Montparnasse Place

City State Zip Code  
Newtown Sq PA 19073-2623

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-28

Amount of Each Receipt this Period 125.00

**B.**

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

Mailing Address 18443 Melissa Circle

City State Zip Code  
Eden Prairie MN 55347-1058

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 ▼ 1664.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041519034-51

Amount of Each Receipt this Period 208.00

**C.**

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

Mailing Address 18443 Melissa Circle

City State Zip Code  
Eden Prairie MN 55347-1058

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 ▼ 1664.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-51

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 34 / 93  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gary 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 ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-911

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 ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-909

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-59

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: PAGE 35 / 93  
(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)  
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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-59

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 ▼ 1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-1

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 ▼ 1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-1

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 36 / 93  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Brian J. Hubbell		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
Mailing Address 1701 E Westminster Lane		<b>Transaction ID:</b> 2010041519034-17
City Spokane	State WA	Zip Code 99223-6712
FEC ID number of contributing federal political committee. C		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 ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Brian J. Hubbell		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 1701 E Westminster Lane		<b>Transaction ID:</b> 2010043019035-17
City Spokane	State WA	Zip Code 99223-6712
FEC ID number of contributing federal political committee. C		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 ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Scott Iodice		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
Mailing Address 5612 Enderly Road		<b>Transaction ID:</b> 2010041519034-33
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 ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Iodice		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 5612 Enderly Road		<b>Transaction ID:</b> 2010043019035-33		
	City Baltimore	State MD	Zip Code 21212-2939	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 23702 Champe Ford Road		<b>Transaction ID:</b> 2010041495740-941		
	City Middleburg	State VA	Zip Code 20117-2940	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 608.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Nicholas E. Jahnke		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 23702 Champe Ford Road		<b>Transaction ID:</b> 201004301912-939		
	City Middleburg	State VA	Zip Code 20117-2940	Amount of Each Receipt this Period 76.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 608.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	277.00
<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 / 93  
(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)  
Shawn F. Kelley  
 Mailing Address 16 Vintage Walk  
 City State Zip Code  
 Cincinnati OH 45249-2101  
 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 ▼ 336.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 04 / 15 / 2010  
**Transaction ID:** 2010041519034-68  
 Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Shawn F. Kelley  
 Mailing Address 16 Vintage Walk  
 City State Zip Code  
 Cincinnati OH 45249-2101  
 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 ▼ 336.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 04 / 30 / 2010  
**Transaction ID:** 2010043019035-68  
 Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
John C. Kelly  
 Mailing Address 5806 N Kent Avenue  
 City State Zip Code  
 Whitefish Bay WI 53217-4612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NML Occupation  
 NML VP & Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 488.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 04 / 15 / 2010  
**Transaction ID:** 2010041495740-615  
 Amount of Each Receipt this Period 61.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 93  
(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. 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 ▼ 488.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-614

Amount of Each Receipt this Period  
61.00

**B.**

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

Mailing Address 8930 Dunn Court

City State Zip Code  
Dublin OH 43017-8880

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-66

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 8930 Dunn Court

City State Zip Code  
Dublin OH 43017-8880

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-66

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 93

(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) William S. Koch		Date of Receipt
	Mailing Address 4645 Swilcan Bridge Lane S		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jacksonville	FL	32224-5621
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041519034-24
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) William S. Koch		Date of Receipt
	Mailing Address 4645 Swilcan Bridge Lane S		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jacksonville	FL	32224-5621
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010043019035-24
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	<input type="text" value="100.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) John L. Kordsmeier		Date of Receipt
	Mailing Address 2522 W Daphne Road		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Glendale	WI	53209-3352
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041495740-1047
Name of Employer NML		Occupation VP Disability Income	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="464.00"/>	<input type="text" value="58.00"/>

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

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

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

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

FOR LINE NUMBER: PAGE 41 / 93  
(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 L. Kordsmeier

Mailing Address 2522 W Daphne Road

City State Zip Code  
Glendale WI 53209-3352

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

Name of Employer NML Occupation VP Disability Income

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 464.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-1045

Amount of Each Receipt this Period  
58.00

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

Mailing Address 5799 Windsona Circle

City State Zip Code  
Fitchburg WI 53711-5839

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-19

Amount of Each Receipt this Period  
42.00

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

Mailing Address 5799 Windsona Circle

City State Zip Code  
Fitchburg WI 53711-5839

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-19

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 42 / 93  
(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)  
Carol L. Kracht

Mailing Address 449 E Cedar Lane

City State Zip Code  
Mequon WI 53092-6102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-976

Amount of Each Receipt this Period  
32.00

**B.**

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

Mailing Address 449 E Cedar Lane

City State Zip Code  
Mequon WI 53092-6102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-974

Amount of Each Receipt this Period  
32.00

**C.**

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

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code  
Naples FL 34109-7826

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-61

Amount of Each Receipt this Period  
42.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 6952 Burnt Sienna Circle

City State Zip Code  
Naples FL 34109-7826

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-61

Amount of Each Receipt this Period  
42.00

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

Mailing Address 2664 N Summit Avenue

City State Zip Code  
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation  
Rvp Fld Supv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-603

Amount of Each Receipt this Period  
33.00

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

Mailing Address 2664 N Summit Avenue

City State Zip Code  
Milwaukee WI 53211-3849

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

Name of Employer NML Occupation  
Rvp Fld Supv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-602

Amount of Each Receipt this Period  
33.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **108.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 93  
(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 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 ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-23

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 ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-23

Amount of Each Receipt this Period  
42.00

**C.**

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

Mailing Address 1213 E Goodrich Lane

City State Zip Code  
Fox Point WI 53217-2946

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

Name of Employer NML Occupation  
NML Svp Securities

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1064.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-902

Amount of Each Receipt this Period  
133.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **217.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 93  
(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 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 ▼ 1064.00  
Date of Receipt MM / DD / YYYY  
04 / 30 / 2010  
Transaction ID: 201004301912-900  
Amount of Each Receipt this Period 133.00

**B.** Full Name (Last, First, Middle Initial)  
Jean M. Maier  
Mailing Address 5432 N Diversey  
City State Zip Code  
Whitefish Bay WI 53217-5165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NML Occupation Svp Ent Ops & Cco  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00  
Date of Receipt MM / DD / YYYY  
04 / 15 / 2010  
Transaction ID: 2010041495740-532  
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 ▼ 1200.00  
Date of Receipt MM / DD / YYYY  
04 / 30 / 2010  
Transaction ID: 201004301912-531  
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 46 / 93

(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)  
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 ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-567

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 ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-566

Amount of Each Receipt this Period  
70.00

**C.**

Full Name (Last, First, Middle Initial)  
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code  
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 664.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-829

Amount of Each Receipt this Period  
83.00

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

223.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Meridee J. Maynard

Mailing Address 809 E Lake Forest

City State Zip Code  
Whitefish Bay WI 53217-5377

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

Name of Employer NML Occupation Svp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-828

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
David C. Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code  
Wellesley MA 02481-2757

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-13

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
David C. Mc Avoy

Mailing Address 11 Mountview Road

City State Zip Code  
Wellesley MA 02481-2757

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-13

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **483.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 93  
(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)  
Roger M. Mc Queen

Mailing Address 6098 Pioneer Fork Road

City State Zip Code  
Salt Lake City UT 84108-3613

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

**Transaction ID:** 2010041519034-10

Amount of Each Receipt this Period  
125.00

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

Mailing Address 6098 Pioneer Fork Road

City State Zip Code  
Salt Lake City UT 84108-3613

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

**Transaction ID:** 2010043019035-10

Amount of Each Receipt this Period  
125.00

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

Mailing Address 1402 Wyndemere Point Drive

City State Zip Code  
Champaign IL 61822-3349

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

**Transaction ID:** 2010041519034-70

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 49 / 93  
(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 ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-70

Amount of Each Receipt this Period  
42.00

**B.**

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 ▼ 1664.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041519034-18

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 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 ▼ 1664.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-18

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 50 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph 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 ▼ 336.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041519034-21

Amount of Each Receipt this Period 42.00

**B.** 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 ▼ 336.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** 2010043019035-21

Amount of Each Receipt this Period 42.00

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

Mailing Address 6900 N Glen Shore Drive

City Glendale State WI Zip Code 53209-2819

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

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041495740-559

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 114.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 93  
(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 G. Meilander

Mailing Address 6900 N Glen Shore Drive

City State Zip Code  
Glendale WI 53209-2819

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

Name of Employer NML Occupation VP-Corp Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 201004301912-558

Amount of Each Receipt this Period  
30.00

**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 General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041519034-6

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 General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-6

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ben Miller	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 34 Storyteller Court	<b>Transaction ID:</b> 2010041519034-64
	City State Zip Code Sandia Park NM 87047-8542	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ben Miller	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 34 Storyteller Court	<b>Transaction ID:</b> 2010043019035-64
	City State Zip Code Sandia Park NM 87047-8542	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin E. Miller	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 214 Schenley Road	<b>Transaction ID:</b> 2010041519034-50
	City State Zip Code Pittsburgh PA 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 Self-Employed General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00	

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

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

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

FOR LINE NUMBER: PAGE 53 / 93

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kevin E. Miller

Mailing Address 214 Schenley Road

City State Zip Code  
Pittsburgh PA 15217-1171

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 ▼ 1664.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 2010043019035-50

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 ▼ 1664.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

Transaction ID: 2010041519034-71

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 ▼ 1664.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: 2010043019035-71

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) ..... ▶

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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 54 / 93

(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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-530

Amount of Each Receipt this Period  
50.00

**B.**

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-529

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address W70 N385 Fox Pointe

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer NML Occupation VP Agency Dev & Pgrms

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 216.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-716

Amount of Each Receipt this Period  
27.00

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

127.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 93
	<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) Gregory C. Oberland		Date of Receipt
	Mailing Address 4746 N Cumberland Bl		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Whitefish Bay	WI	53211-1147
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041495740-587
Name of Employer NML		Occupation EVP Ins & Tech	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="208.00"/>
		<input type="text" value="1664.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory C. Oberland		Date of Receipt
	Mailing Address 4746 N Cumberland Bl		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Whitefish Bay	WI	53211-1147
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201004301912-586
Name of Employer NML		Occupation EVP Ins & Tech	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="208.00"/>
		<input type="text" value="1664.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric S. Olson		Date of Receipt
	Mailing Address 127 Fairmount Road		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ridgewood	NJ	07450-1422
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041519034-56
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="42.00"/>
		<input type="text" value="336.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="458.00"/>
<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 56 / 93

(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)  
Eric S. Olson

Mailing Address 127 Fairmount Road

City State Zip Code  
Ridgewood NJ 07450-1422

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-56

Amount of Each Receipt this Period

42.00

**B.**

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

Mailing Address S63W16495 College Avenue

City State Zip Code  
Muskego WI 53150-8303

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

Name of Employer Occupation  
NML VP Pos

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-746

Amount of Each Receipt this Period

52.00

**C.**

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

Mailing Address S63W16495 College Avenue

City State Zip Code  
Muskego WI 53150-8303

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

Name of Employer Occupation  
NML VP Pos

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-745

Amount of Each Receipt this Period

52.00

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

146.00

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

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

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

FOR LINE NUMBER: PAGE 57 / 93  
(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 ▼ 1664.00

Date of Receipt 04 / 15 / 2010  
Transaction ID: 2010041495740-536  
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 ▼ 1664.00

Date of Receipt 04 / 30 / 2010  
Transaction ID: 201004301912-535  
Amount of Each Receipt this Period 208.00

**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 ▼ 1000.00

Date of Receipt 04 / 15 / 2010  
Transaction ID: 2010041519034-60  
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 58 / 93  
(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 ▼ 1000.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** 2010043019035-60

Amount of Each Receipt this Period 125.00

**B.**

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

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041519034-2

Amount of Each Receipt this Period 208.00

**C.**

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

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105-3067

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** 2010043019035-2

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 59 / 93  
(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 ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-36

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Craig L. Quinlan

Mailing Address 2302 Court North Drive

City 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 ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-36

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven M. Radke

Mailing Address 9600 N Crestwood Court

City State Zip Code  
Mequon WI 53092-5355

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

Name of Employer NML Occupation  
NML VP Leg & Reg Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-822

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **114.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven M. Radke		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 9600 N Crestwood Court		<b>Transaction ID:</b> 201004301912-821
	City Mequon	State WI	Zip Code 53092-5355
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer NML	Occupation VP Leg & Reg Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeff D. Reeter		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 7 Williamsburg Lane		<b>Transaction ID:</b> 2010041519034-69
	City Houston	State TX	Zip Code 77024-5144
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff D. Reeter		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 7 Williamsburg Lane		<b>Transaction ID:</b> 2010043019035-69
	City Houston	State TX	Zip Code 77024-5144
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 93
	<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 R. Remstad		Date of Receipt
	Mailing Address 2634 N Lake Drive		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Milwaukee	WI	53211-3837
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041495740-750
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		VP & Chief Actuary	<input type="text" value="59.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="472.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) David R. Remstad		Date of Receipt
	Mailing Address 2634 N Lake Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Milwaukee	WI	53211-3837
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201004301912-749
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		VP & Chief Actuary	<input type="text" value="59.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="472.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Marcia Rimai		Date of Receipt
	Mailing Address 4100 N Lake Drive		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Shorewood	WI	53211-1719
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041495740-628
Name of Employer NML		Occupation	Amount of Each Receipt this Period
		EVP & Chief Admin Officer	<input type="text" value="208.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1664.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="326.00"/>
<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 62 / 93  
(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)  
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 ▼ 1664.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** 201004301912-627  
 Amount of Each Receipt this Period 208.00

**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 ▼ 1000.00

Date of Receipt 04 / 15 / 2010  
**Transaction ID:** 2010041519034-35  
 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 ▼ 1000.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** 2010043019035-35  
 Amount of Each Receipt this Period 125.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 93  
(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)  
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 ▼ 480.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041495740-629

Amount of Each Receipt this Period 60.00

**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 ▼ 480.00

Date of Receipt 04 / 30 / 2010

**Transaction ID:** 201004301912-628

Amount of Each Receipt this Period 60.00

**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 ▼ 1664.00

Date of Receipt 04 / 15 / 2010

**Transaction ID:** 2010041519034-63

Amount of Each Receipt this Period 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 328.00

**TOTAL** This Period (last page this line 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 / 93  
(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

Mailing Address 139 Deep Valley Road

City State Zip Code  
New Canaan CT 06840-2804

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1664.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-63

Amount of Each Receipt this Period  
208.00

**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 ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041519034-46

Amount of Each Receipt this Period  
100.00

**C.**

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 ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-46

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: (check only one)	PAGE 65 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph M. Savino		Date of Receipt
	Mailing Address 8 Benedek Road		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-2227
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041519034-5
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1664.00"/>	<input type="text" value="208.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph M. Savino		Date of Receipt
	Mailing Address 8 Benedek Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-2227
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010043019035-5
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1664.00"/>	<input type="text" value="208.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy G. Schaefer		Date of Receipt
	Mailing Address 1013 E Lexington Blv		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Whitefish Bay	WI	53217-5381
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041495740-856
Name of Employer NML		Occupation Chief Information Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="560.00"/>	<input type="text" value="70.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="486.00"/>
<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 66 / 93  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy 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 ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 201004301912-855

Amount of Each Receipt this Period  
70.00

**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 ▼ 1664.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041495740-765

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 ▼ 1664.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 201004301912-764

Amount of Each Receipt this Period  
208.00

**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 67 / 93  
(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)  
Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City State Zip Code  
Whitefish Bay WI 53217-5756

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

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-767

Amount of Each Receipt this Period  
31.00

**B.**

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

Mailing Address 5057 N Palisades Road

City State Zip Code  
Whitefish Bay WI 53217-5756

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

Name of Employer NML Occupation VP & Tax Cnsl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-766

Amount of Each Receipt this Period  
31.00

**C.**

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

Mailing Address W205 Allen Road

City State Zip Code  
Oconomowoc WI 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 ▼ 456.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-793

Amount of Each Receipt this Period  
57.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 119.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 93

(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) Calvin R. Schmidt		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address W205 Allen Road		<b>Transaction ID:</b> 201004301912-792
	City Oconomowoc	State WI	Zip Code 53066-9048
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.00
Name of Employer NML		Occupation VP Inv Prod Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 456.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rodd Schneider		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1415 E Fairy Chasm R		<b>Transaction ID:</b> 201004301912-526
	City Bayside	State WI	Zip Code 53217
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 27.00
Name of Employer NML		Occupation VP & Lit Cnsl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd M. Schoon		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 923 E Kilbourn Avenue U		<b>Transaction ID:</b> 2010041495740-1074
	City Milwaukee	State WI	Zip Code 53202-3493
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
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 ▼ 1664.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 93

(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 ▼ 1664.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-1072

Amount of Each Receipt this Period

208.00

**B.**

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

Mailing Address 1672 Chieftan Circle

City State Zip Code  
Oxford MI 48371-6095

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-49

Amount of Each Receipt this Period

52.00

**C.**

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

Mailing Address 1672 Chieftan Circle

City State Zip Code  
Oxford MI 48371-6095

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

Name of Employer Self-Employed Occupation General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-49

Amount of Each Receipt this Period

52.00

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

312.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 93

(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)  
David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City State Zip Code  
Milwaukee WI 53202-6040

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

Name of Employer NML Occupation  
VP Life Products

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-1063

Amount of Each Receipt this Period  
35.00

**B.**

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

Mailing Address 311 E Erie Street Unit 4

City State Zip Code  
Milwaukee WI 53202-6040

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

Name of Employer NML Occupation  
VP Life Products

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-1061

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert L. Spinks

Mailing Address 305 Waterbury Cove

City State Zip Code  
Jackson MS 39232-8692

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-12

Amount of Each Receipt this Period  
42.00

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

112.00

**TOTAL** This Period (last page this line 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 / 93  
(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 L. Spinks

Mailing Address 305 Waterbury Cove

City State Zip Code  
Jackson MS 39232-8692

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

Name of Employer Self-Employed Occupation  
General Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 2010043019035-12

Amount of Each Receipt this Period  
42.00

**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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041495740-528

Amount of Each Receipt this Period  
50.00

**C.**

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 201004301912-527

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 72 / 93  
(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)  
Jason Steigman

Mailing Address 2301 E Newton Avenue

City State Zip Code  
Shorewood WI 53211-2617

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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041495740-609

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Jason Steigman

Mailing Address 2301 E Newton Avenue

City State Zip Code  
Shorewood WI 53211-2617

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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** 201004301912-608

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 6311 N Lake Drive

City State Zip Code  
Whitefish Bay WI 53217-4343

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

Name of Employer NML Occupation VP Invest Prod Ln

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** 2010041495740-882

Amount of Each Receipt this Period  
29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.00

**TOTAL** This Period (last page this line 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 / 93  
(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)  
David G. Stoeffel

Mailing Address 6311 N Lake Drive

City State Zip Code  
Whitefish Bay WI 53217-4343

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

Name of Employer NML Occupation VP Invest Prod Ln

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-880

Amount of Each Receipt this Period  
29.00

**B.**

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 ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-65

Amount of Each Receipt this Period  
42.00

**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 ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-65

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **113.00**

**TOTAL** This Period (last page this line 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 / 93

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rachel L. Tahnint

Mailing Address 4733 N Cumberland Bl

City State Zip Code  
Whitefish Bay WI 53211-1140

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

Name of Employer Occupation  
NML VP Info Risk Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 224.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-826

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe P. Teague

Mailing Address 2613 N Dundee Street

City State Zip Code  
Tampa FL 33629-7516

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

Name of Employer Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041519034-15

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 Occupation  
Self-Employed General Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-15

Amount of Each Receipt this Period

70.00

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

168.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 93  
(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 F. Tews		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
Mailing Address 609 S 249th Circle		<b>Transaction ID:</b> 2010041519034-32
City Waterloo	State NE	
Zip Code 68069-4432		Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 336.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Michael F. Tews		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 609 S 249th Circle		<b>Transaction ID:</b> 2010043019035-32
City Waterloo	State NE	
Zip Code 68069-4432		Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 336.00
Name of Employer Self-Employed	Occupation General Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Scott P Theodore		Date of Receipt MM / DD / YYYY 04 / 15 / 2010
Mailing Address 12505 Ventana Mesa Circle		<b>Transaction ID:</b> 2010041519034-42
City Castle Rock	State CO	
Zip Code 80108-9148		Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1664.00
Name of Employer NML	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 93
	<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) Scott P Theodore		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 12505 Ventana Mesa Circle		<b>Transaction ID:</b> 2010043019035-42		
	City Castle Rock	State CO	Zip Code 80108-9148	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 ▼ 1664.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Alessandro J. Tronco		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 5 N Point Drive		<b>Transaction ID:</b> 2010041519034-67		
	City Cohoes	State NY	Zip Code 12047-3823	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 ▼ 336.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Alessandro J. Tronco		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 5 N Point Drive		<b>Transaction ID:</b> 2010043019035-67		
	City Cohoes	State NY	Zip Code 12047-3823	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 ▼ 336.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Leo C. Tucker	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 605 Potomac River Road	<b>Transaction ID:</b> 2010041519034-58
	City State Zip Code Mc Lean VA 22102-1402	Amount of Each Receipt this Period 75.00
	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 ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Leo C. Tucker	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 605 Potomac River Road	<b>Transaction ID:</b> 2010043019035-58
	City State Zip Code Mc Lean VA 22102-1402	Amount of Each Receipt this Period 75.00
	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 ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia L. Van Kampen	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 4520 N Lake Drive	<b>Transaction ID:</b> 2010041495740-617
	City State Zip Code Whitefish Bay WI 53211-1252	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NML Occupation VP Public Equities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	212.00
<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 78 / 93  
(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 ▼ 496.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-616

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-26

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-26

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 79 / 93

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
P. Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City State Zip Code  
Glendale WI 53209-1810

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

Name of Employer NML Occupation  
VP Actuary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-508

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
P. Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City State Zip Code  
Glendale WI 53209-1810

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

Name of Employer NML Occupation  
VP Actuary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-507

Amount of Each Receipt this Period  
30.00

**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  
Dir Fed Relations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-1042

Amount of Each Receipt this Period  
50.00

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

110.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 93
	<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) Alison Watson		Date of Receipt
	Mailing Address 629 Constitution Avenue		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20002-6086
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201004301912-1040
Name of Employer NML		Occupation Dir Fed 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 ▼	<input type="text" value="50.00"/>
		<input type="text" value="400.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) John A. Williamson, Jr.		Date of Receipt
	Mailing Address 608 Euclid Avenue		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Birmingham	AL	35213-2518
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010041519034-11
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="208.00"/>
		<input type="text" value="1664.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) John A. Williamson, Jr.		Date of Receipt
	Mailing Address 608 Euclid Avenue		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Birmingham	AL	35213-2518
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010043019035-11
Name of Employer Self-Employed		Occupation General Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="208.00"/>
		<input type="text" value="1664.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="466.00"/>
<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 81 / 93  
(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 ▼  
1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-4

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 ▼  
1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 2010043019035-4

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
John W. Wright, II

Mailing Address 4463 Jett Road Northwest

City State Zip Code  
Atlanta GA 30327-3563

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041519034-48

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **516.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 93

(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. 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 Occupation  
Self-Employed General Insurance Agent

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 2010043019035-48

Amount of Each Receipt this Period

100.00

**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 Occupation  
NML VP Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: 2010041495740-771

Amount of Each Receipt this Period

55.00

**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 Occupation  
NML VP Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 201004301912-770

Amount of Each Receipt this Period

55.00

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

210.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 93
	<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) Michael L. Youngman	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 716 E Sylvan Avenue	<b>Transaction ID:</b> 2010041495740-959
	City State Zip Code Whitefish Bay WI 53217-5350	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation VP Govt Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael L. Youngman	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 716 E Sylvan Avenue	<b>Transaction ID:</b> 201004301912-957
	City State Zip Code Whitefish Bay WI 53217-5350	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NML Occupation VP Govt Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) T. Scott Zach	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 6630 County Creek Lane	<b>Transaction ID:</b> 2010041519034-62
	City State Zip Code Cedar Rapids IA 52403-7023	Amount of Each Receipt this Period 42.00
	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 ▼ 336.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>162.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 93
	<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) T. Scott Zach		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 6630 County Creek Lane		<b>Transaction ID:</b> 2010043019035-62		
	City Cedar Rapids	State IA	Zip Code 52403-7023	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 ▼ 336.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas D. Zale		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 2818 E Menlo Boulevard		<b>Transaction ID:</b> 2010041495740-798		
	City Shorewood	State WI	Zip Code 53211-2652	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas D. Zale		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 2818 E Menlo Boulevard		<b>Transaction ID:</b> 201004301912-797		
	City Shorewood	State WI	Zip Code 53211-2652	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NML	Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 93  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code  
Bayside WI 53217-1334

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

Name of Employer NML Occupation VP Dist Strat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-977

Amount of Each Receipt this Period  
31.00

**B.**

Full Name (Last, First, Middle Initial)  
Rick T. Zehner

Mailing Address 203 W Ravine Baye

City State Zip Code  
Bayside WI 53217-1334

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

Name of Employer NML Occupation VP Dist Strat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 201004301912-975

Amount of Each Receipt this Period  
31.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward J. Zore

Mailing Address 2505 W Dean Road

City State Zip Code  
River Hills WI 53217-2010

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

Name of Employer NML Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2010

**Transaction ID:** 2010041495740-1009

Amount of Each Receipt this Period  
208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 270.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 93
	<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) Edward J. Zore		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 2505 W Dean Road		<b>Transaction ID:</b> 201004301912-1007		
	City River Hills	State WI	Zip Code 53217-2010	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 1664.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address 104 Wildwood Drive		<b>Transaction ID:</b> 2010041519034-25		
	City Avon	State CT	Zip Code 06001-4413	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 ▼ 1664.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Zuzolo		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 104 Wildwood Drive		<b>Transaction ID:</b> 2010043019035-25		
	City Avon	State CT	Zip Code 06001-4413	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 ▼ 1664.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23335.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 93

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement

Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 002074D5320064463D1

Date of Disbursement

04 / 14 / 2010

Amount of Each Disbursement this Period

69.83

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

69.83

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

69.83

**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 88 / 93

<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) Bachus for Congress Committee</p> <p>Mailing Address PO Box 131134</p> <p>City Birmingham State AL Zip Code 35213</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Spencer T. Bachus, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06</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> DF84CF5B24BFF411D86</p> <p>Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</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> 8050530E0B9F87693E6</p> <p>Date of Disbursement 04 / 30 / 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) Bob Corker for Senate</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement 2006 General Debt Retirement</p> <p>Candidate Name Bob Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 82C21BF9CFD10C0DFE4</p> <p>Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

5500.00

**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) Dan Coats for Indiana <hr/> Mailing Address PO Box 301141 <hr/> City Indianapolis State IN Zip Code 46230 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Daniel R. Coats <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: IN District:	Transaction ID: 4A04E6EA4EB0919C75C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2010 General Candidate Name Earl Pomeroy <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: ND District: 01	Transaction ID: A9BC9F24AD269B8D334 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPAC) <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:	Transaction ID: 1C05A57105645551352 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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 Trey Grayson <hr/> Mailing Address PO Box 175726 <hr/> City Ft Mitchell State KY Zip Code 41017 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Trey Grayson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8F494E4660566392A50 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Giving Willingly Empowering Nationally (GWEN) PAC <hr/> Mailing Address 1831 Bay Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Giving Willingly Empowering Nationally (GWEN) PAC <hr/> 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) ▼	Transaction ID: F78F445577840A8CC34 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee <hr/> Mailing Address 831 Linwood Court Suite 300 <hr/> City Birmingham State AL Zip Code 35222 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Growth and Prosperity Political Action Committee <hr/> 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) ▼	Transaction ID: 54873EDABFE2CCF1F04 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

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

11000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Jim Himes for Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement 2010 Primary Candidate Name James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04	Transaction ID: 618205DFAD4514A287A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 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) John Davidson for Congress <hr/> Mailing Address 1710 N Moorpark Road Suite 18 <hr/> City Thousand Oaks State CA Zip Code 91360 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John Davidson <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: CA District: 23	Transaction ID: 7CCA916E0F9FF2D298C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 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>C.</b> Full Name (Last, First, Middle Initial) Levin for Congress <hr/> Mailing Address PO Box 37 <hr/> City Roseville State MI Zip Code 48066 <hr/> Purpose of Disbursement 2010 General Candidate Name Sander M. Levin <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: MI District: 12	Transaction ID: B775B0D23FD5543F067 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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) Mike Crapo for US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Michael D. Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</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> EAEFAF98815CB6032B4</p> <p>Date of Disbursement 04 / 23 / 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) Republican Party of Wisconsin</p> <p>Mailing Address 148 E. Johnson Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Republican Party of Wisconsin</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> B01B30E10A987212496</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Garrett for Congress</p> <p>Mailing Address PO Box 905</p> <p>City Newton State NJ Zip Code 07860</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name E. Scott Garrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05</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> 233108A80735273C36D</p> <p>Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</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)

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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) 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 State: AL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8C4895AB075DE7E5288 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>B.</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 State: WI District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC193AFB105D65C0CAB Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

2000.00

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

39500.00